

LIMITED LIABILITY COMPANY ANNUAL REPORT

| NAME OF LIMITED LIABILITY COMPANY: | GlaxoSmithKline L | .LC | | |
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| SECRETARY OF STATE ID NUMBER: 1122939 STATE OF S | | OF FORMATION: <u>DE</u> | | Filing Office Use Only E - Filed Annual Report 1122939 CA202409803228 |
| | | | | 4/7/2024 11:44 |
| SECTION A: REGISTERED AGENT'S INFORM | | | | Changes |
| 1. NAME OF REGISTERED AGENT: Co | rporation Service C | Company | | |
| 2. SIGNATURE OF THE NEW REGISTERS | | | | |
| SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT | | | | |
| | 4. REGISTERED AGENT OFFICE MAILING ADDRESS | | | |
| 2626 Glenwood Avenue, Suite 550 | | 2626 Glenwood Avenue, Suite 550 | | |
| Raleigh, NC 27608 Wake County | | Raleigh, NC 27608 | | |
| SECTION B: PRINCIPAL OFFICE INFORMATION | ON. | | | |
| 1. DESCRIPTION OF NATURE OF BUSIN | | | | |
| 1. DESCRIPTION OF NATURE OF BUSIN | ESS: <u>Pharmaceution</u> | cais | | |
| 2. PRINCIPAL OFFICE PHONE NUMBER: 2157515124 | | 3. PRINCIPAL OFFICE EMAIL: Privacy Redaction | | |
| 4. PRINCIPAL OFFICE STREET ADDRESS | | 5. PRINCIPAL OFFICE MAILING ADDRESS | | |
| FMC Tower at Cira Centre South, 2929 Walnut Street, Suite 1700 | | FMC Tower at Cira Centre South, 2929 Walnut Street, Suite 1700 | | |
| Philadelphia, PA 19104 | | Philadelphia, PA 19104 | | |
| 6. Select one of the following if applic | able. (Optional see ir | nstructions) | | |
| The company is a veteran-ov | vned small business | | | |
| The company is a service-dis | | emall hueiness | | |
| The company is a service-dis | sabica veterani-owned | sman business | | |
| SECTION C: COMPANY OFFICIALS (Enter add | litional company officials | in Section E.) | | |
| NAME: Richard Latchford NAME: Maria Elena | | a Martinez-Davis | NAME: James | MacRae |
| TITLE: Manager | TITLE: Manager | | TITLE: Manag | jer |
| ADDRESS: ADDRESS: | | | ADDRESS: | |
| 410 Blackwell Street 410 Blackwell Stree | | et | FMC Tower at Cira Centre South, 2929 Walnut Street, Suite 1700 | |
| Durham, NC 27701 Durham, NC 27701 | | | Philadelphia, PA 19104 | |
| SECTION D: CERTIFICATION OF ANNUAL I | REPORT. Section D mus | st be completed in its er | ntirety by a person | /business entity. |
| Kevin Ryan | | 4/7/2024 | | |
| SIGNATURE Form must be signed by a Company Official listed under | Section C of This form. | | DATE | |
| Kevin Ryan | | Treasurer | | |
| Print or Type Name of Com | pany Official | Prir | nt or Type Title of Comp | any Official |

This Annual Report has been filed electronically.

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525