



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corp
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000990357

2. Name of Corporation MEDAC PHARMA, INC.

3. Street Address Principal Business Office:

No. and Street: 29 N WACKER DRIVE, SUITE 704

City or Town: CHICAGO

State: IL Zip: 60606 Country: USA

5. State of Incorporation

State: DE

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

42

6. Brief Description of the Character of Business Conducted in Rhode Island

PHARMACEUTICAL DRUG WHOLESALE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARY TERESA SHOEMAKER	29 N WACKER DRIVE, SUITE 704 CHICAGO, IL 60606 USA
TREASURER	LUYAN LI	29 N WACKER DRIVE, SUITE 704 CHICAGO, IL 60606 USA
SECRETARY & VICE PRESIDENT	WILLIAM PONCY	29 N WACKER DRIVE, SUITE 704 CHICAGO, IL 60606 USA
DIRECTOR	ULRICH KOSCIESSA	29 N WACKER DRIVE, SUITE 704 CHICAGO, IL 60606 USA
DIRECTOR	NIKOLAUS GRAF STOLBERG	29 N. WACKER DRIVE SUITE 704

		CHICAGO , IL 60606 USA
DIRECTOR	MARY TERESA SHOEMAKER	29 N. WACKER DRIVE SUITE 704 CHICAGO, IL 60606 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	25,000.00	7582

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 1 Day of March, 2017 at 8:52:13 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LUYAN LI
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

March 01, 2017 08:51 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

