RCE Corporate Presentation

ASX:RCE | **FSE**:R9Q

April 2025

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Recce Pharmaceuticals – Company Overview

An Australian clinical-stage biotech with a United States presence, developing a New Class of Synthetic Anti-infectives with a unique mechanism of action for a broad spectrum of infections including serious/life-threatening indications.

- Publicly-traded on the **Australian and Frankfurt exchanges – (ASX: RCE, FSE: R9Q)**
- **>40 granted patents** across major pharmaceutical markets out to 2041
- Phase II Clinical trial (late stage, Australia); Phase III Clinical trial ready (Indonesia).
- Phase IIb/III studies will be conducted primarily in Australia and USA.
- **United States Congressionally Directed Medical Research Program (CDMRP) for Military Burn Research Program grant – in progress**
- **Our Goal is regulatory approval and commercialisation of products globally.**

RECCE® 327 granted Qualified Infectious Disease Product (QIDP) Designation by U.S. Food and Drug Administration giving 10 years market exclusivity plus fast-track approval.

RECCE®327 added to World Health Organization's List of Antibacterial Products in Clinical Development

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Board and Management Structure

Dr John Prendergast – Chairman

BSc (Hons), MSc (UNSW), PhD (UNSW), CSS (HU)

US-based, current Chairman and Co-founder of Palatin Technologies, Inc. (NYSE: PTN) and Lead Director of Nighthawk Biosciences (NYSE: HHWK). With extensive experience in the international commercialisation of pharmaceutical technologies, **Dr Prendergast has been responsible for the approval of three new drug applications.**

James Graham – Managing Director & Chief Executive Officer

BCom (Entrepreneurship), GAICD

Six years as former Executive Director and extensive experience in marketing, business development and commercialisation of early-stage technologies with global potential. **Mr Graham has served on Recce's Board of Directors for six years and has invested in almost every capital raise to date** with a focus on expanding Recce's commercial opportunities and clinical initiatives.

Dr Alan Dunton – Chief Medical Advisor & Non-Executive Director

BSc (BioChem) Hons, M.D. (NYU)

US based, Director of Palatin Technologies. Over three decades of senior pharmaceutical experience incl. President and MD of Janssen Research Foundation (Johnson & Johnson). **Dr Dunton has advanced a number of blockbuster antibiotics** through regulatory review and commercialisation at Fortune 500 companies including Roche. **Dr Dunton has been responsible for the approval of approximately 20 New Drug Applications**; an amalgamation of prescription and OTC products.

Michele Dilizia – Executive Director & Chief Scientific Officer

BSc (Med Sci), Grad Dip Bus (Mkting), BA (Journ), GAICD, MASM

Co-inventor and qualified medical scientist with a specialisation in medical microbiology and regulatory affairs. **Ms Dilizia successfully co-led the research and development of Recce's suite of anti- infective compounds**, resulting in a portfolio of granted patents across the globe, including a Qualified Infectious Disease Product designation with the U.S. FDA.

Dr Justin Ward – Executive Director & Principal Quality Chemist

BSc (Chem), PhD (Chem), M Pharm, MRACI, CChem

A quality control expert who has worked with leading pharmaceutical companies. He previously held a technical role with Pfizer, involving providing data for the regulatory submissions to the FDA and TGA. Dr Ward is bringing Recce's research and development and manufacturing up to US FDA requirements.

Alistair McKeough – Non-Executive Director

Alistair is a qualified lawyer and specialises in complex commercial matters that require careful and strategic planning. Mr McKeough has extensive experience advising ASX-listed companies and their directors and is a member of the University of New South Wales Law Advisory Council.

Leading, Australian Anti-Infective Company

Near-term commercialisation pathway expected to launch in 2026

Products address the global healthcare crisis of antibiotic resistance

Phase III in Indonesia of lead asset RECCE® 327 Gel **for the treatment of Diabetic Foot Infections – Expected launch in 2026 and opens gateway to ASEAN and other markets**

Multiple clinical indications and formulations in Phase I and II **addressing unmet medical needs**

US FDA Qualified Infectious Disease Product designation provides 10 years of market exclusivity plus fast-track approval*

World Health Organization added RECCE® compounds to its list of antibacterial products in clinical development for priority pathogens

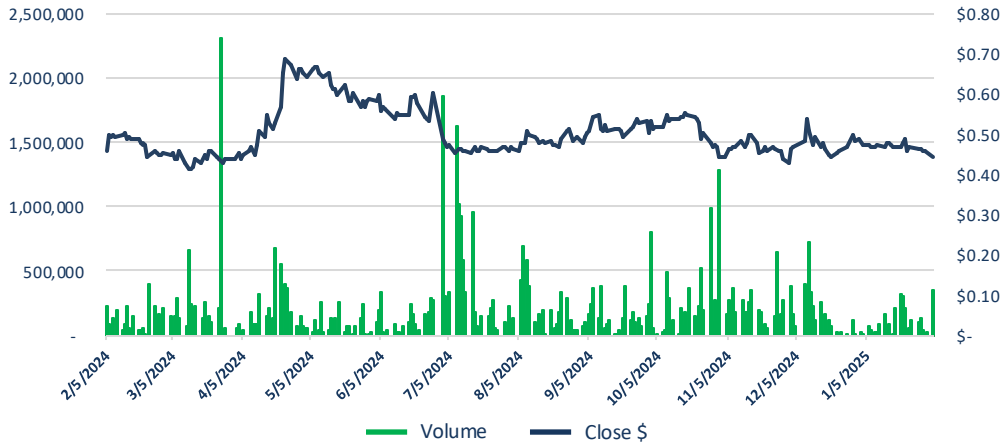
**Awarded by the US FDA in 2017 for R327 bacteraemia (broad-spectrum bacterial sepsis). Time starts only from potential market approval*

Company Overview

Recce Pharmaceuticals Ltd is a clinical-stage biotech company with a new class of novel synthetic anti-infectives

Capital Structure – February 2025	
ASX & FSE Code	RCE, R9Q
Share Price	**AUD $0.36**
3-Month Average Volume	176.75k
Shares on Issue	**231.87 million**
Unlisted Options (Avg $1.54)	13.9 million
Market Capitalisation	**AUD $84 million**
Cash at Bank*	AUD $1.94 million
Top 20 Shareholders	**50%**
Debt	Nil

RCE Share Price and Volume Chart – 12 Months (price shown in AUD)



Proprietary **first-in-class, broad-spectrum anti-infectives** against bacteria

Australian Government awarded AUD $54,947,284 (USD $37,043,433) Advanced Overseas Finding across RCE infectious disease portfolio**

I.V. and topical treatments advancing for UTI/Urosepsis and Acute Bacterial Skin and Skin Structure Infections (ABSSSI) including DFI; as well as US Department of Defense Burn Wound Program and Indonesian clinical trials for topical treatments.

Multiple clinical indications and formulations in Phase I and Phase II addressing unmet medical needs: **Sepsis, UTI/Urosepsis, Burn Wounds and ABSSSI, including Diabetic Foot Infections**

**Cash balance does not reflect Q3, 2024 announced U.S. Department of Defence Army burn wound grant of US$2.0 million (~A$3 million) or anticipated additional R&D advance funds.*

***The Advanced Finding is a binding, underwritten guarantee provided by the Australian Government, which affirms the Company's R&D activities are of national interest and extends the 43.5% R&D rebate from locally, to cover those undertaken by the Company anywhere in the world for a period of three years. This finding does not constitute a grant, or an upfront payment of the amount awarded*

Synthetic Anti-Infectives

The need for a new class of antibiotics

On-track to be the only **global clinical stage company** whose drug is shown to be **efficacious** against the full suite of **ESKAPE pathogens**

NO pre-formed natural superbugs

Very broad-spectrum coverage of bacteria with **no signs of resistance**

Universal Mechanism of Action - does not succumb to resistance

Unprecedented, broad-spectrum activity against Gram +ve and Gram -ve bacteria and maintains its activity even with repeated use

Extremely rapid onset of effect – measured in minutes as compared to hours for typical antibiotics

Multiple formulations available – intravenous, topical liquid, topical gel and aerosol for inhalation or intranasal

Large Addressable Market

The global diabetic foot infection (DFI) and sepsis market is worth over $US9.1 billion

- The DFI treatment market is estimated to be worth ~US$5.2 billion[1]
- Initially targeting Indonesian market valued at ~US$189 million where DFI impacts 11% of the population[2]
- Significant near-term opportunity for Recce with registrational Phase III trials anticipated to be completed in FY26 paving the way for future revenues
- Indonesian approvals provide access to the broader Asia Pacific market worth **~US$1.0 billion per year**[3]

- The global sepsis therapeutics market size is anticipated to reach US$5.64 billion by 2030, growing at a CAGR of 6.18% from 2025 to 2030[4]
- Recce is initially targeting US and Australian markets worth **in excess of US$1.5 billion**[4]

~US$135.4B

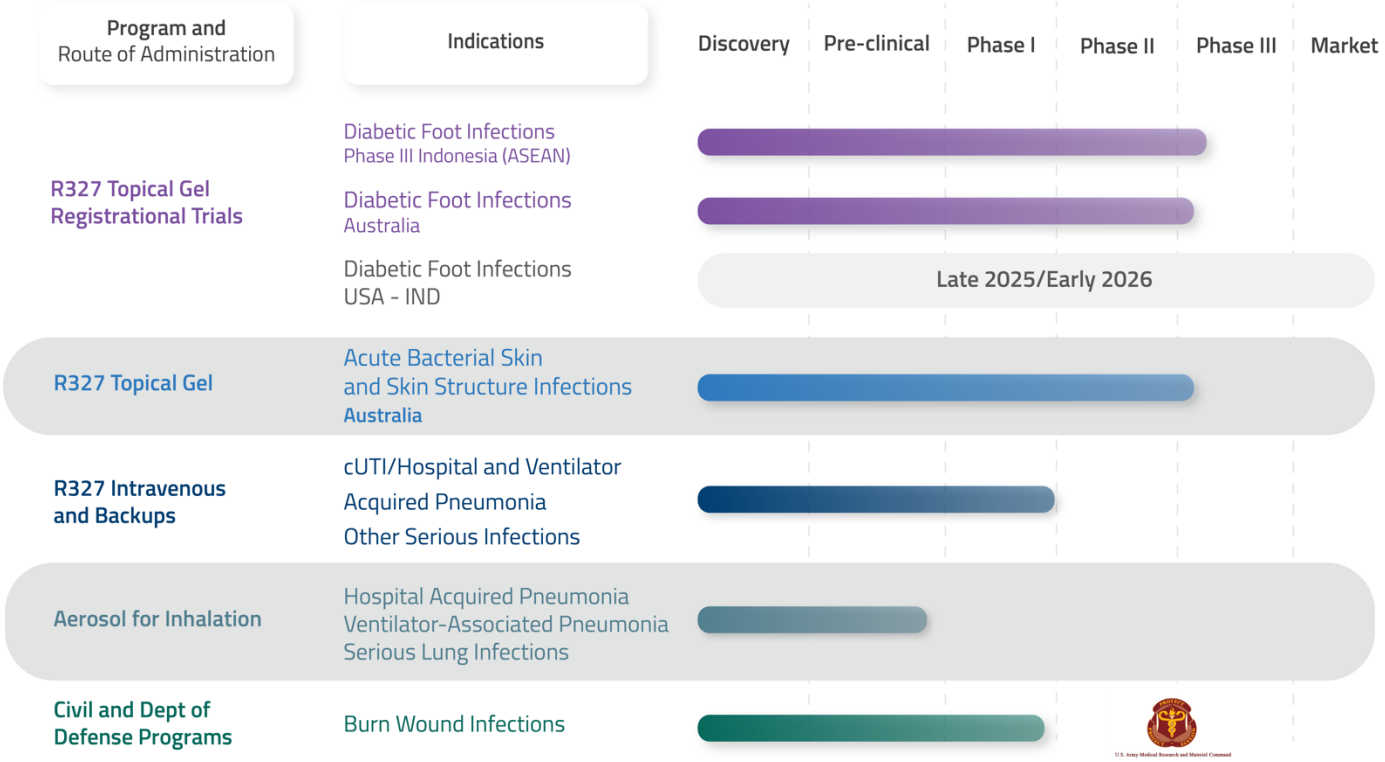
Estimated value of the significant **additional market opportunities** in the broader anti-infectives market

Recce already exploring opportunities in burn wound infections, skin and soft tissue infections post operation[5]

Source: (1) Grand View Research, Diabetic Foot Ulcer Treatment Market Size, 2023 (2) Diabetes Atlas, International Diabetic Federation and Prof EM Yunir, Faculty of Medicines, University of Indonesia. (3) Business Market Insights, Asia Pacific Diabetic Foot Ulcer Market, 2021 (4) ResearchandMarkets, Global Sepsis Therapeutics, 2024 (5) Grand View Research, Anti-Infective Agents Market Size, 2023

Program Pipeline for 2025

Various indications and upcoming inflection points



- Approval received from the Indonesian Drug and Food Regulation Authority, Badan POM, to initiate its Registrational Phase 3 clinical trial in Indonesia
- ABSSSI includes postoperative infection, wound infections and diabetic foot infections
- Completed pilot civil Phase II Burn Wound Infections Study; US$2M grant for Department of Defense pre-clinical pipeline in progress

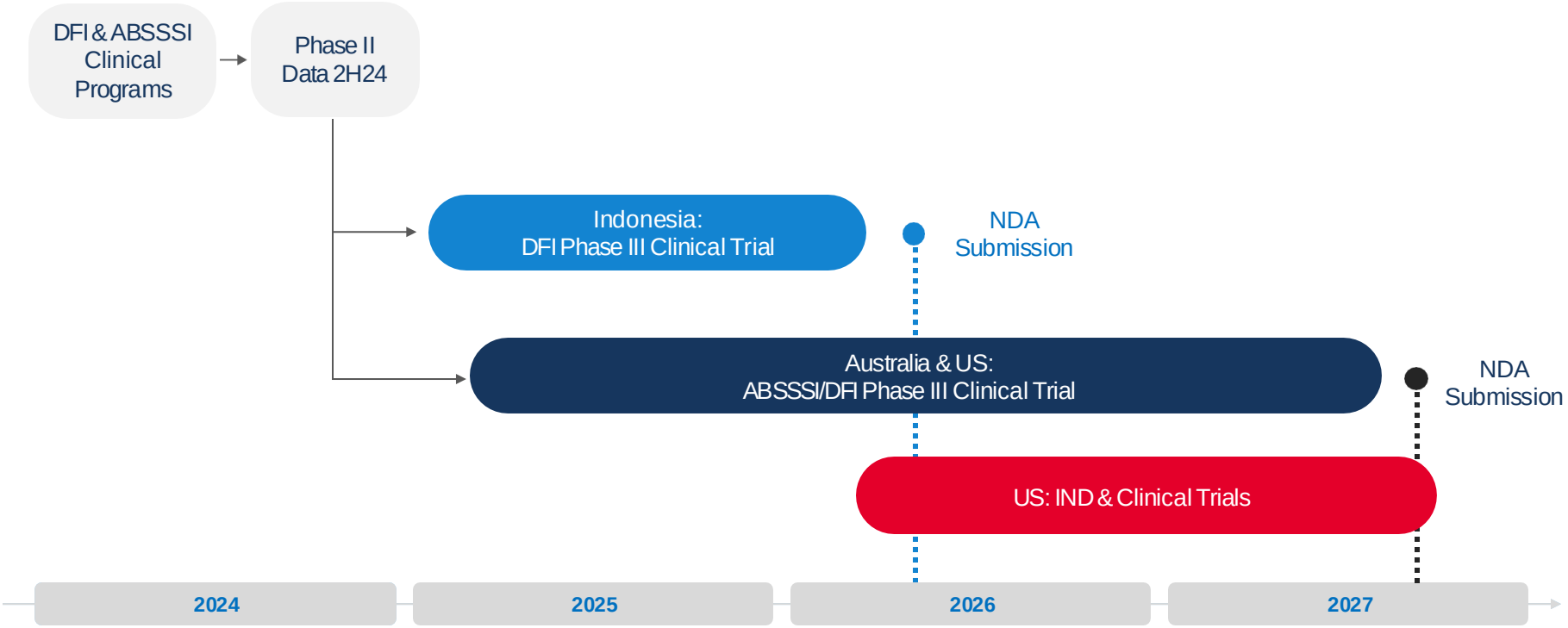
Multiple Clinical Milestones – Achieved and Upcoming

Significant milestones anticipated in 2025

Pre FY2025	Previous 12 months	2025 and 2026
✓ Phase I/II Clinical Trial for the Treatment of Burn Wound Infections Phase I complete	✓ Phase II Acute Bacterial Skin and Skin Structure Infections (ABSSSI) including Diabetic Foot Infections (DFI) clinical trial complete, meeting all endpoints	○ Launch Registrational Phase III trial for DFI in Indonesia
✓ R327G indicated positive clinical response in the treatment of multiple antibiotic-resistant infections under TGA Special Access Scheme Category A	✓ US Department of Defense grants US$2.0 million funding to accelerate development of R327 for acute treatment of burn wound infections	○ Launch Registrational Phase III trial for ABSSSI in Australia
✓ R327 Phase I/II UTI/Urosepsis Rapid Infusion Clinical Trial - safe and well tolerated at faster infusion rates ~30min for 2,500mg and 3,000mg	✓ Regulatory and ethics approval received for Indonesian Registrational Phase III trial in Diabetic Foot Infections	○ Commencement of US Department of Defence Burn Wound Program
✓ MoU with PT Etana Biotechnologies Indonesia to work collaboratively on R&D, production, distribution and commercialisation of R327		○ File Investigational New Drug Application for R327 in the USA
		○ Launch Phase II UTI/Urosepsis Clinical Trial (with data readouts throughout)

Commercialisation Pathway in DFI and ABSSSI

Positive Phase II and SAS data ➔ Start Phase III in DFI



Independent Study Undertaken on RECCE® 327 MoA[1]

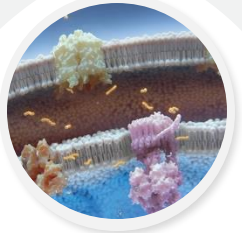
Linnaeus Biosciences MoA studies of R327

Novel mechanism which targets rapid access to and shut down of bacterial energy production (ATP), **which results in bacterial death of both active and resting bacteria.**

Stage 1

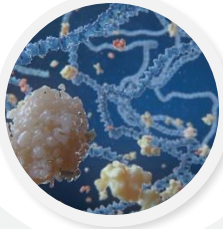
R327 targets and irreversibly bind to essential bacterial proteins

Stage 2



R327 interferes with bacterial cellular metabolism and energy production at or near the cell surface, depleting ATP

Stage 3



R327 kills bacteria rapidly without inducing cell lysis

Stage 4

R327 is rapidly and irreversibly bactericidal

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1 – Dilizia, M., Tsunemoto, H., Quach, D. et al. Elucidating the Mechanism of Action of Novel Polymer-based Synthetic Anti-infective Compound RECCE 327 - Abstract

RECCE® 327 Activity Against *Escherichia coli*

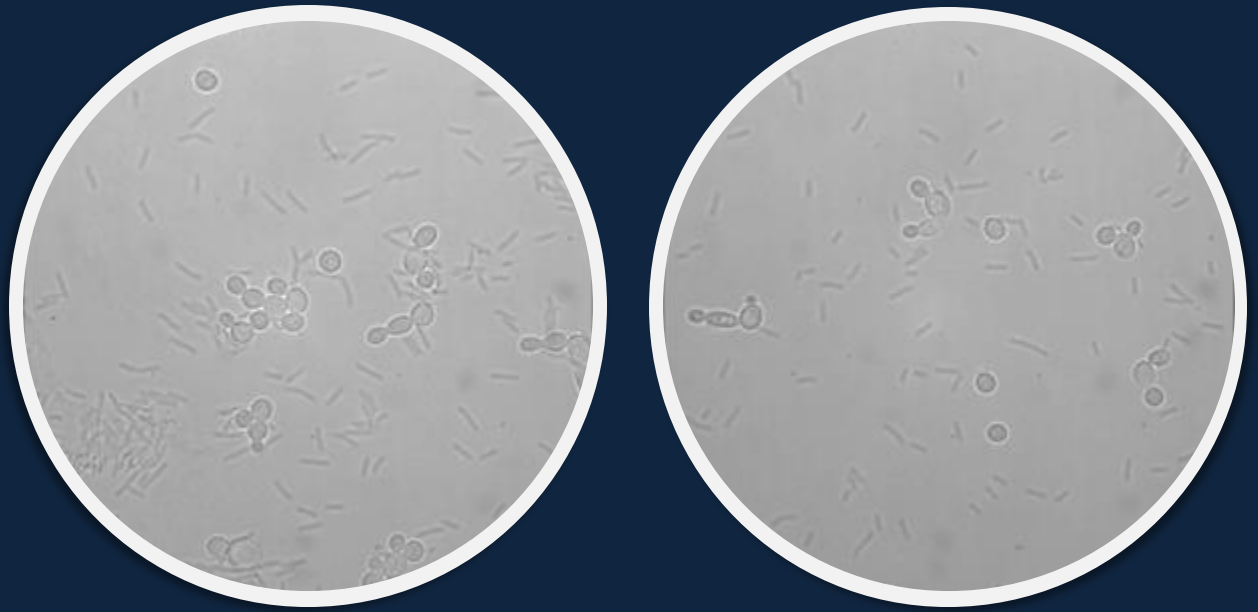
- *E. coli* grows fast. Eukaryotic cells healthy and not affected.

- R327 at 3,000 ppm shown to be highly effective against *E. coli* without affecting growing, healthy eukaryotic cells.

- R327 rapidly and irreversibly shuts down the ATP in *E. coli*, not allowing it to divide and grow.

Without R327

R327 (3,000 ppm)

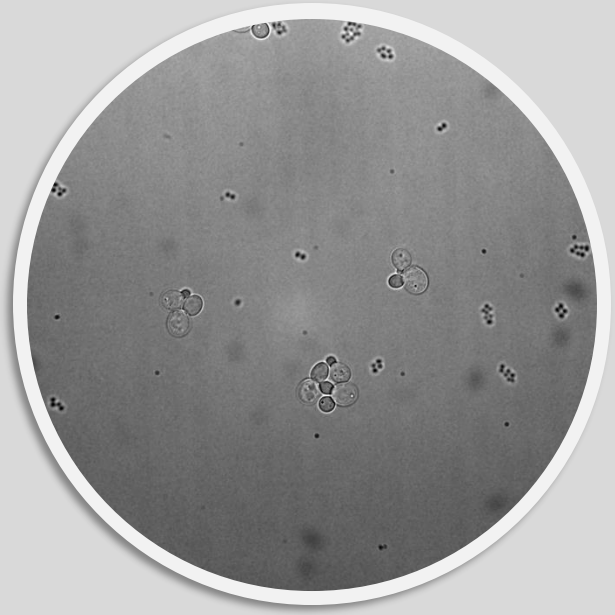


eukaryotic cells ***E. coli***

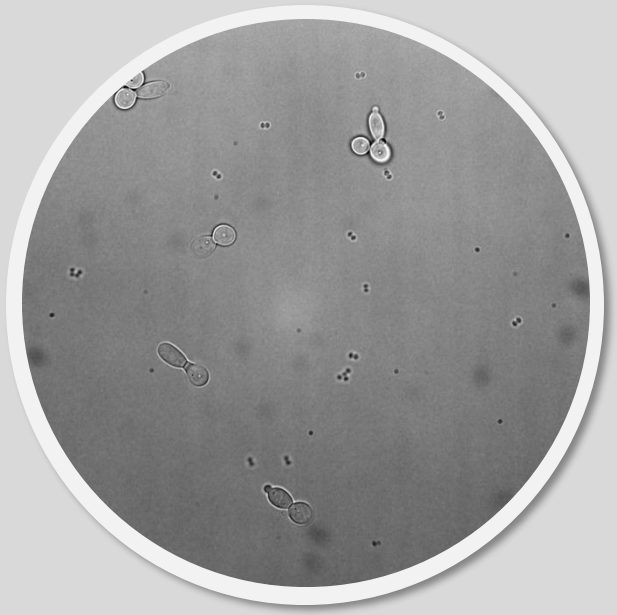
RECCE® 327 Activity Against *Staphylococcus aureus*

- *S. aureus* bacterial growth slower than *E. coli*, not affecting eukaryotic cells.
- **R327 at 2,300 ppm** shown to be highly effective against *S. aureus* without affecting growing, healthy eukaryotic cells.
- **R327 rapidly and irreversibly shuts down the ATP in *S. aureus***, not allowing it to divide and grow.

Without R327



R327 (2,300 ppm)

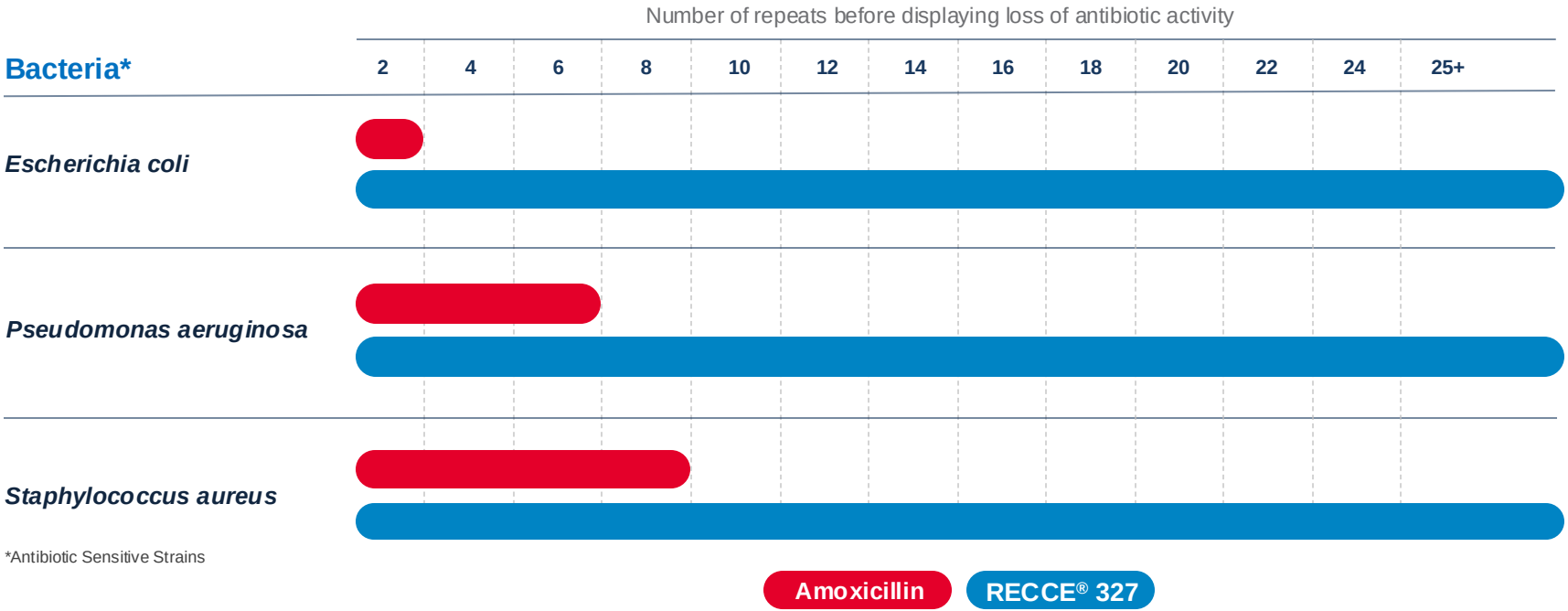


eukaryotic cells ***S. aureus***

RECCE® 327 Maintains Activity

Amoxicillin loses activity after a maximum of 8 repeats; RECCE® 327 remains active for more than 25 repeats

25 repeats at time of discovery was sufficient for PCT patent applications, with no sign of resistance.



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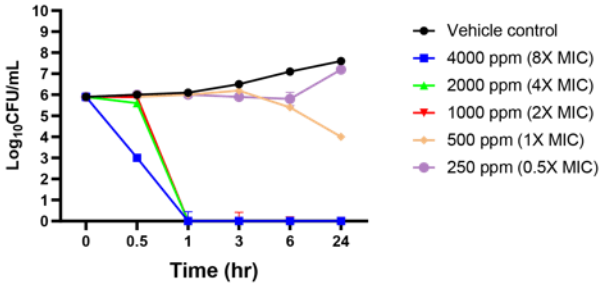
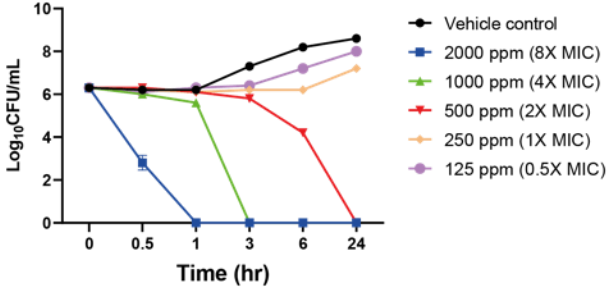
Bactericidal Effect of RECCE® 327 on ESKAPE Pathogens

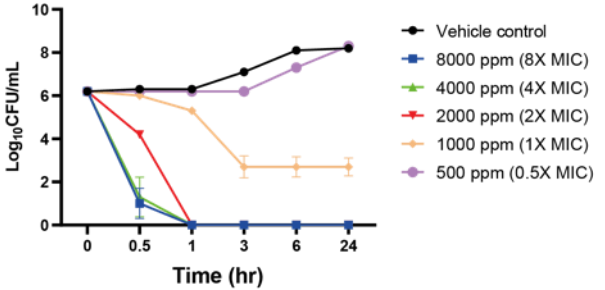
E. faecium ATCC 19434



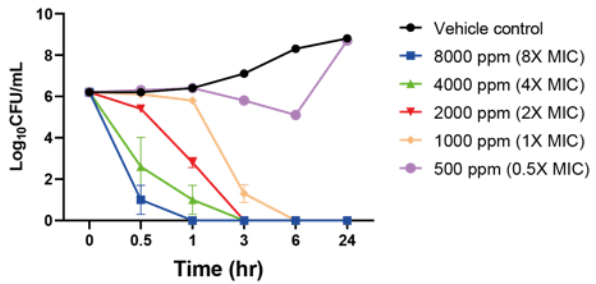
S. aureus ATCC 29213



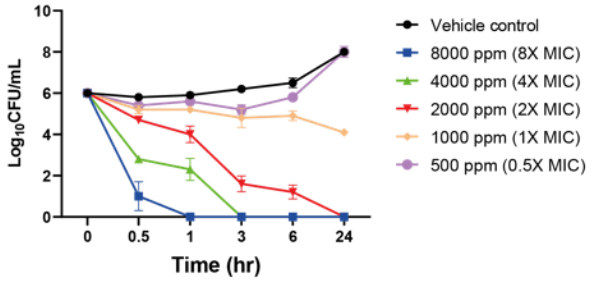
K. pneumoniae ATCC 43816



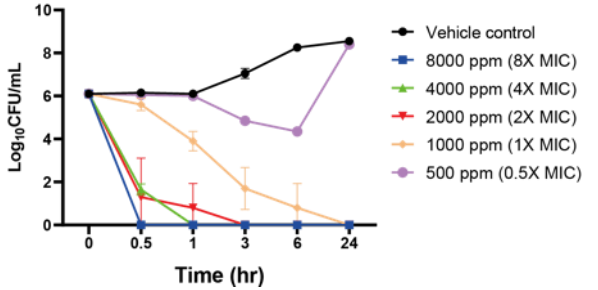
A. baumannii ATCC 17978



P. aeruginosa ATCC 27853



Enterobacter cloacae ATCC 13047



- ***Average time-kill curves of R327 at various concentrations against strains of ESKAPE pathogens (tested in duplicate)***
- Time-kill study was performed to determine the bacterial killing effect of R327 at a total of five concentrations, ranging from 0.5X to 8X, MIC and to measure killing kinetics of treatment with R327 against each strain.

Strategic Opportunity in South-East Asia to Accelerate Clinical Program

Phase 3 Registrational Clinical Trial in Indonesia Topical Gel

- **Approval received from the Indonesian Drug and Food Regulatory Authority, Badan POM**, to initiate Registrational Phase 3 clinical trial
- **Human Research Ethics Committee approval received** – registrational Phase 3 clinical trial to commence this quarter

Opportunity Presents an Innovative Path to Commercialisation

- **Awarded expedited regulatory review status in Indonesia to fast-track progression of Phase 3 trial**; bringing forward commercial opportunities in ASEAN region
- **Opportunity to access 10 ASEAN member states** covering a population of 670 million inhabitants
- **Significant bilateral initiative** supported by Australian and Indonesian Governments
- **Expected launch in 2026 in ASEAN region** – 680 million inhabitant, including 280 million in Indonesia

Recce & Badan POM Team's - Recce CEO James Graham (centre left) and Head of Drug and Food Authority Badan POM, Professor Taruna Ikrar (centre)

Topical Clinical Programs Move into Phase III

Phase I/II Clinical Trial

Diabetic Foot Infections (DFI)

- **Interim data results released – primary endpoints achieved**
- Patients supported by in-home (out-patient) nurses trained in R327 treatment protocols
- Appointment of leading out-patient nursing group sees broadening of DFI patient trial population – increased probability of dosing completion
- Study across South Western Sydney health district – one of the highest prevalence rates of diabetes in NSW

Phase I/II Clinical Trial

Treatment of Burn Wound Infections

- **Stage 1 Complete**
- Patients treated with R327 showed **good indications of safety and tolerability**
- **No serious adverse events** reported among patients
- Clinical investigators are preparing a new protocol of next stage
- **Stage 2 clinical trial** expected to be a randomised 'head-to-head' in patients with infected burn wounds, where R327G treatment is compared to existing treatment standard of care

For illustrative purposes only – not final product

Phase I/II DFI Clinical Trial – Achieved Primary Endpoints

- Patients recruited had **mild skin and soft tissue DFI including multidrug-resistant Gram-positive and Gram-negative pathogens**
- **Study met all primary end points**
- **R327 well-tolerated in all patients**; **DFI's resolved/cured**

Summary of patients results	Application Frequency	Age (yrs)/Sex	Wound Location	Pathogen Identified	Clinical Response
Patient 1	Daily	32/M	Left forefoot lateral aspect	Methicillin-Resistant *S. aureus*	Escalated therapy*
Patient 2	Second Daily	55/M	Right hallux plantar aspect	*S. aureus*, mixed skin flora and coliforms	Infection resolved/cured
Patient 3	Second Daily	51/M	Left forefoot plantar aspect	*S. aureus*, mixed skin flora and coliforms	Infection resolved/cured
Patient 4	Daily	70/M	Left forefoot plantar aspect	Mixed skin flora	Infection resolved/cured (in half the treatment time)
Patient 5	Daily	64/M	Right hallux dorsal aspect	Mixed skin flora and coliforms	Infection resolved/cured

**Patient was on systemic therapy prior to commencing R327 treatment. Patient suffered from several comorbidities and escalated to systemic therapy.*

Phase II ABSSSI Clinical Trial

Achieved all Endpoints

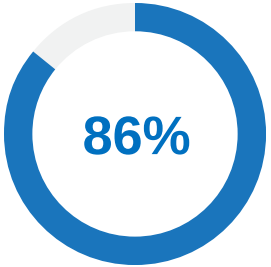
- This Phase II study **achieved all primary and secondary endpoints** as an open-label clinical trial evaluating the safety and tolerability, efficacy, and plasma pharmacokinetics of R327G when applied directly to the infected area
- The study enrolled 30 patients, with 29 included in the final data analysis. One patient was withdrawn due to pre-existing pain at the wound site that was deemed unrelated to R327G
- After 7 days of treatment, **86% of patients** (25 out of 29) treated with R327G had a successful clinical response
- At 14 days of treatment, **93% of patients** (27 out of 29) achieved a primary efficacy endpoint
- R327G demonstrated to be safe and well tolerated, achieving all endpoints - no Serious Adverse Events reported

Study Outcome*	To evaluate the efficacy of RECCE®327 topical gel on ABSSSI
Assessment method	Lipsky Scale/Bates Jensen Wound Assessment Tool
Endpoint met	Yes

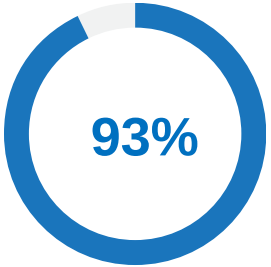
*https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id=387997&isReview=true

Successful clinical response

After 7 days of treatment



After 14 days of treatment



Patient Case Study – TGA Special Access Scheme Category A

Day 0

Day 0 – Recce treatment
Pre-treatment infection

Day 0

Day 0 – Recce treatment
First Recce gel applied

Day 1

Day 1 – Recce treatment
Post treatment

Day 30

Day 30 – Recce treatment
Post treatment

- Patient A **unresponsive to 4x daily Cephalexin for 10 days**
  - Infection spreading and hospital ready.
- With only **one dosing application**, after 24 hours the **infection had clinically** responded – redness and swelling reduced

- ✓ No pre-treatment wound debridement.
- ✓ No stinging at any point reported.
- ✓ **R327 Gel worked quickly and effectively**

recce.com.au

Patient Case Study – TGA Special Access Scheme Category A

Day 0

Day 0 – Recce treatment
Significant bacterial infection

Day 7

Day 7 – Recce treatment
Wound drying up

Day 10

Day 10 – Recce treatment
Post treatment

Day 14

Day 14 – Recce treatment
Wound improved, well tolerated

- Pre-treatment of R327G showed **significant bacterial infection, redness and swelling.**
- Day 10 post R327G treatment showed **no signs of infection**, **no signs of pus formation** and **the wound continuing to clear up and heal.**

- ✓ Day 14 post R327G treatment, the wound has significantly improved and R327G was well tolerated.
- ✓ **Surgical intervention was averted**

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Patient Case Study – TGA Special Access Scheme Category A

Day 0	Day 7	Day 14	Day 21
Day 0 – Pre-treatment wound swab	Day 7 – Recce treatment	Day 14 – Recce treatment	Day 21 – Recce treatment

- Pre-treatment wound swab on Day 0 showed **a growing culture of both Gram-positive and Gram-negative bacilli**
- **Day 14 post R327G treatment, there were no signs of bacterial growth surrounding the wound.**

- ✓ Day 21 post-treatment, the wound had successfully healed, closed and dried up with no signs of bacterial infection.
- ✓ **R327G treatment was well tolerated when applied daily.**

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Patient Case Study – TGA Special Access Scheme Category A

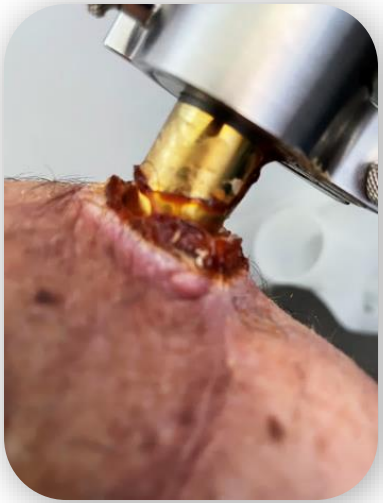
Day 0

Day 0 – Pre-treatment

Day 3

Day 3 – Recce treatment

Day 7



Day 7 – Recce treatment

- Pre-treatment of R327G showed **significant bacterial infection, redness and swelling** around the implant (upper left thigh).
- Post three days after application of R327G, the initial redness and swelling had minimised, with the **wound healing and drying up.**

- ✓ Day 7 post-treatment showed wound was dried up and had improved with no signs of redness or swelling.
- ✓ **R327G treatment was well tolerated when applied daily.**

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Patient Case Study – TGA Special Access Scheme Category A

Day 0

Day 0 – Pre-treatment

Day 3

Day 3 – Recce treatment

Day 7

Day 7 – Recce treatment

- Pre-treatment (Day 0) X-rays showed **infection deep within the underlying bone**, tissue and around the nail, with signs of initial biofilm formation.
- After 3 days of R327G treatment, the wound is **drying up with infection clearing** and the toe responding well to treatment.

- ✓ Day 7 post R327G treatment showed wound completely dried up, no signs of biofilm surrounding toenail and swelling significantly reduced.
- ✓ **Surgical intervention, which was the next step for this patient, was averted.**

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Patient Case Study – TGA Special Access Scheme Category A

Day 0

Day 5

Significant bacterial infection

Day 0 – Pre-treatment

Day 5 – Recce treatment

- **Significant bacterial infection** – septic ankle arthritis, peri-prosthetic joint infection, osteomyelitis
- ***E. coli* refractory to multiple debridement and multiple antibiotics**

- ✓ The discharge has cleared, and with no signs of edema present
- ✓ **R327G was applied once and was well-tolerated.**

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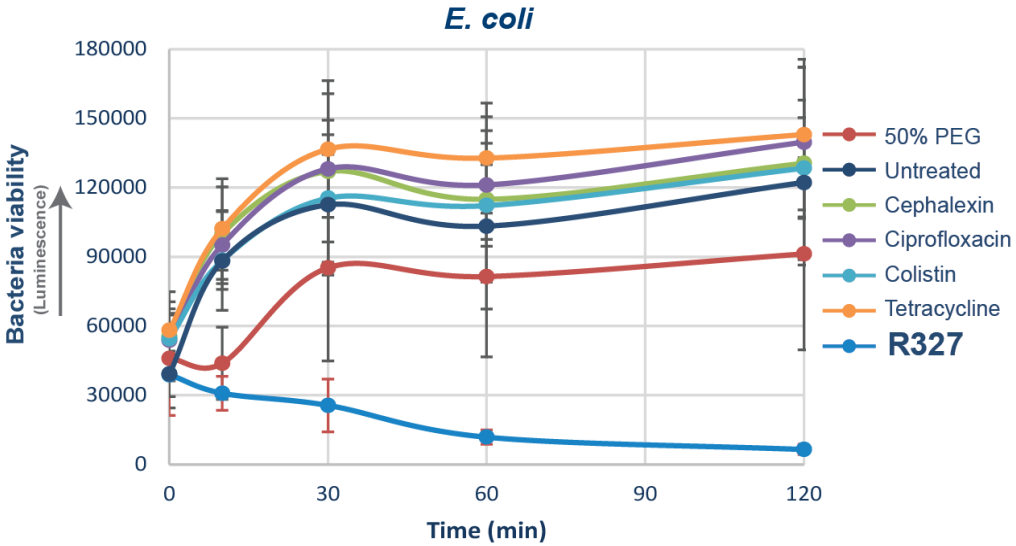
R327 Faster Acting Than Existing Antibiotics

No Prolonged Exposure Needed

R327 is faster-acting against bacteria than other antibiotics – works quickly, without prolonged cellular exposure times required of other antibiotics (extended exposures commonly associated with systemic toxicity).



R327 kills pathogenic bacteria at a faster rate.

R327 designed to work faster than all existing antibiotics, reinforced by MoA work undertaken by experts in their field.

> ***R327 kills bacteria*** *in conditions where other antibiotics are ineffective.*
>
> *- Marc Sharp, PhD, Chief Scientific Officer, Linnaeus Bioscience*

All compounds used at 2X Minimum Inhibitory Concentration (MIC)

RECCE® 327 Summary Results – Phase I – Complete

Double-blind, Placebo-controlled, Single Ascending-dose, Safety and Pharmacokinetic Study in Healthy Participants

- ✓ **Safe and well tolerated at doses up to 6,000mg given as a 1-hour intravenous infusion;**
- ✓ **No Serious Adverse Events;**
  - All AE's mild or moderate
- ✓ **No significant changes in any laboratory test, EKG or telemetry;**
- ✓ **Concentrations of RECCE® 327 increased with dose, $t_{1/2}$ increased with dose: 3-5 hours at higher doses**
- ✓ **Urine concentrations were up to 20 times higher than plasma concentrations**

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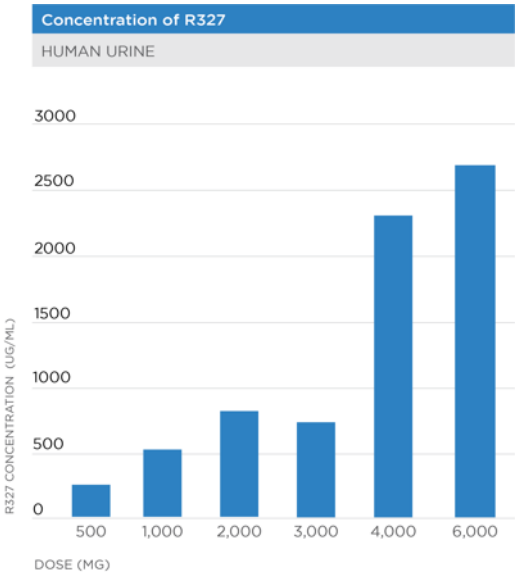
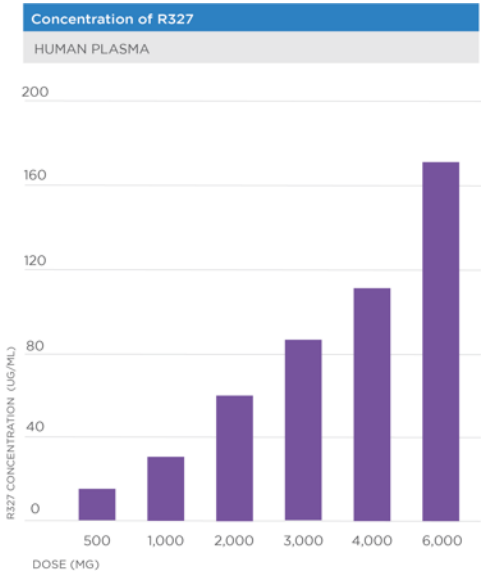
RECCE® 327 Concentrates Safely in the Urine





Concentration of R327 in Urine Compared to Plasma

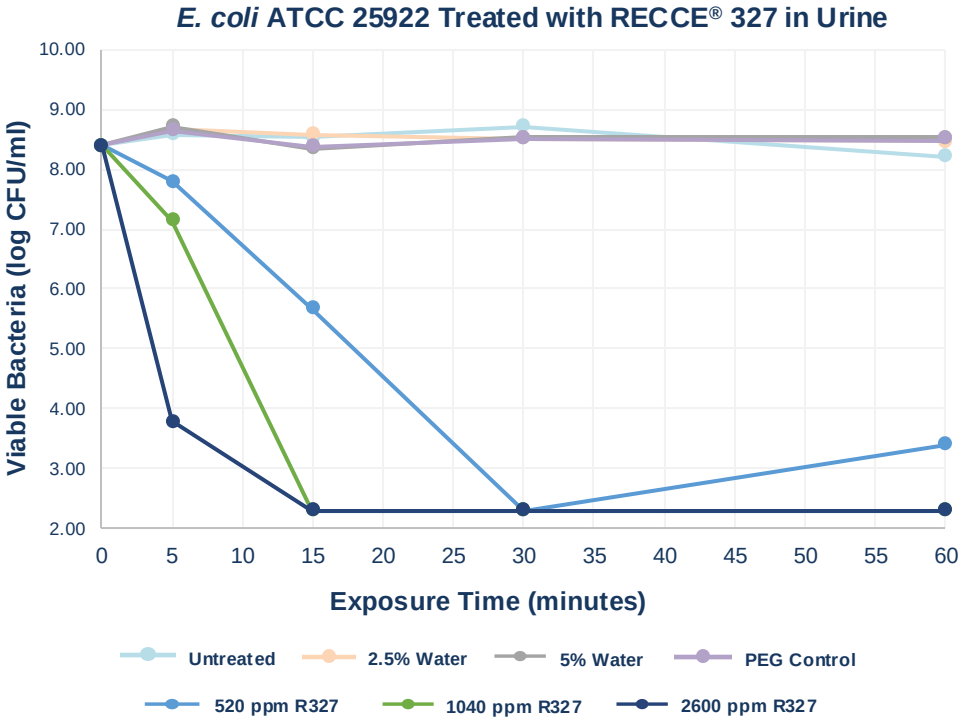
In over 60 healthy subjects

Ratio Urine/Plasma
16x
17x
14x
9x
21x
16x

- **R327 primary route of elimination** appears to be through the kidney to the ureters and bladder.
- **High concentrations of R327** noted in the urine of Phase I healthy subjects.
- **Insight consistent** with pre-clinical *in-vivo* kidney and UTI bacterial infection studies.

- **Opportunities for therapeutic in array of UTIs (uncomplicated UTI - single dose, complicated UTI, recurrent UTI, treatment resistant etc.)**
- Suggests **broader anti-infective treatment model** in pre-sepsis.

RECCE® 327 Kills Quickly in the Urine



- **R327 in the presence of human urine was able to have a fast (near minutes) effect against *E. coli* and irreversible**
- **Bacteria could not be revived post-treatment**
- R327 capability starting from comparatively low concentrations
- Achieved 6-log reduction in viable cell count

*Understanding logs (example of a small colony of 1 million MRSA bacteria)**
A 1-log kill reduces the colony to 100,000 MRSA bacteria after a 90% reduction
A 2-log kill reduces the colony to 10,000 bacteria after a 99% reduction
A 3-log kill reduces the colony to 1,000 bacteria after a 99.9% reduction
A 4-log kill reduces the colony to 100 bacteria after a 99.99% reduction
A 5-log kill reduces the colony to 10 bacteria after a 99.999% reduction
A 6-log kill reduces the colony to 1 MRSA bacterium after a 99.9999% reduction

*https://halosil.com/what-are-logs-and-why-do-they-matter-in-preventing-infections/

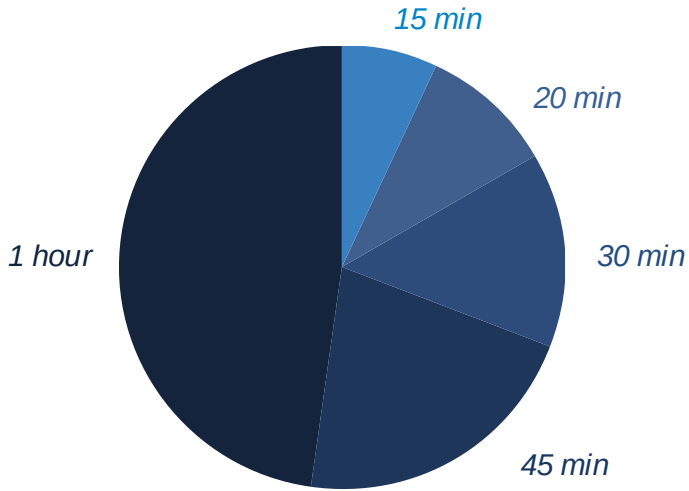
Phase I/II UTI/Urosepsis Rapid Infusion Clinical Trial

*UTI's are responsible for about **30%** of all **sepsis** infections, defined as 'Urosepsis'*

Clinical Trial Complete

Assessment	**Assessing R327 at faster administration rates (<1 hour)**
Endpoint	Trial aimed at positioning **R327 as first patient presentation** 'fast-infusion' **designed to stop any bacterial infection** in its tracks in any medical setting
Subjects	**Male and female** subjects dosed
Initial Indication	Results from trial paves the way for **R327 as a potential first-line treatment for patients suffering from UTI/Urosepsis**
US FDA status	**Qualified Infectious Disease Product designation** - awarded by the US FDA in 2017 for R327 bacteraemia (broad-spectrum bacterial sepsis).

R327 has achieved multiple **'fast infusion' time stamps** in line with intended future regulatory submissions.



Robust Worldwide Intellectual Property Portfolio

Recce's patent portfolio contains over 40 patents and patent applications in the world's major markets.

Filed	Patent Family 1	Expiry	Patent Family 2	Expiry	Patent Family 3	Expiry	Patent Family 4	Expiry
Australia	✓	2028	✓	2037	✓	2037	✓	2041
USA	✓	2029	✓	2037	✓	2037	Pending	-
Europe	✓	2028	✓	2037	✓	2037	Pending	-
Germany	✓	2028	✓	2037	✓	2037	-	-
Spain	✓	2028	✓	2037	✓	2037	-	-
France	✓	2029	✓	2037	✓	2037	-	-
UK	✓	2028	✓	2037	✓	2037	-	-
Italy	✓	2028	✓	2037	✓	2037	-	-
Sweden	✓	2028	✓	2037	✓	2037	-	-
Japan	✓	2028	✓	2037	✓	2037	✓	2041
China	✓	2028	✓	2037	✓	2037	Pending	-
HK	Pending	2028	Pending	2037	✓	2037	Pending	-
Israel	-	-	-	-	-	-	✓	2041
Canada	-	-	-	-	-	-	✓	2041

Family 1 group relates to the Company's Unique and Highly Economical Manufacturing Process and use of the Polymer in Treatment of Diseases.

Family 2 relates to the Method of Manufacture, Administration and Application to Treat a Broad Range of Common Human Infections.

Family 3 relates to a Method of Treatment of a Broad Range of Viral Infections, particularly Parenteral Viral Infection.

Family 4 relates to Process for Preparation of Biologically Active Copolymer, other Patent Cooperation Treaty countries pending/granted)

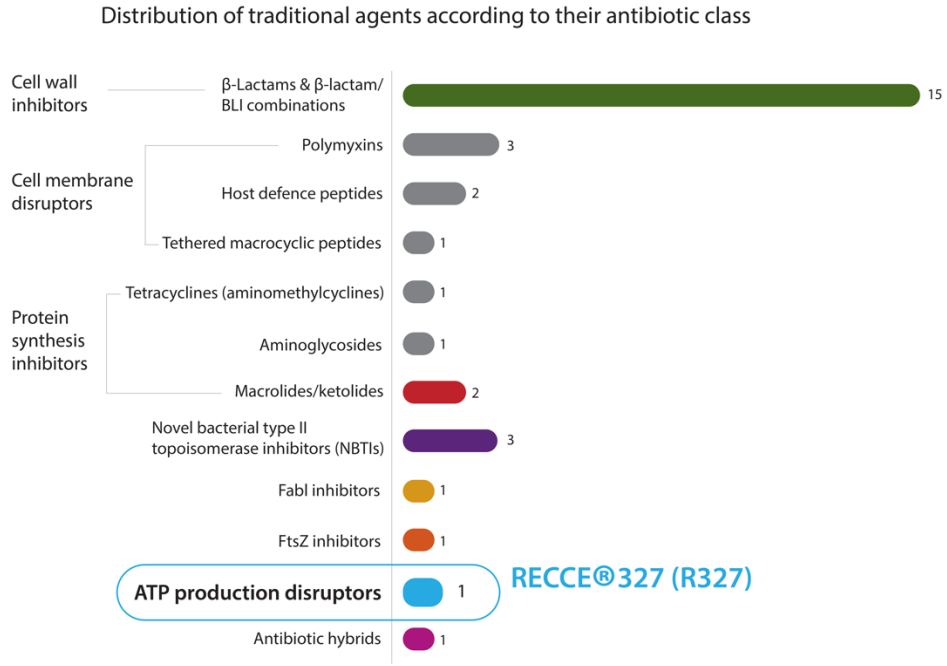
Manufacturing & Scalability

Manufacturing facility in Sydney's Macquarie Park

- Raw materials plentiful and cheap – few $/Kg
- No expensive waste – 99.9% product yield
- Automated manufacture process – completing 5,000 doses a week under GMP
- This in-house pilot facility provides clear benefits in cost and scalability that will be instrumental to meet clinical testing demands as the technology pipeline continues towards commercialisation.
- Demonstrated capability to support present and future human clinical trials.

RECCE® 327 – Global Recognition

R327 added to World Health Organization's List of Antibacterial Products in Clinical Development



- Global recognition by the **World Health Organization (WHO)** – inclusion underscores significance of R327 in combating antimicrobial resistance.
- Unique Mechanism of Action – R327 uniquely classified as an adenosine triphosphate (ATP) production disruptor, the **only compound under this category.**
- **R327 recognised as a novel treatment** for a broad range of life-threatening and resistant bacteria.
- The report covers traditional and non-traditional antibacterial agents in development worldwide and evaluates to what extent the present pipeline addresses infections caused by priority pathogens.

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World Health Organization

Summary

Significant value creating opportunities

Novel, Synthetic, Broad-Spectrum, Rapid-Acting, Anti-Infectives: **demonstrated against >500 clinical isolates** including all resistant species; **no signs of resistance to R327**

Indonesian Phase III registrational clinical trial data read-out and regulatory submission expected in late 2025, potential market approval and commercial launch in H1 2026

Upon completion of Phase III registrational clinical trial, enables Recce to **replicate regulatory approval for R327G across the broader ASEAN region**

Development of a first new class of antibiotic in over 40 years, recognised by the World Health organisation, with accelerated de-risking via registrational Phase III trials in Indonesia and Australia

Expansion of Recce's Global Regulatory Strategy including US IND and Department of Defense partnership

Thank you