

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003460

FILED  
Jan 30, 2012  
Secretary of State

**Entity Name:** HOWARD HUGHES MEDICAL INSTITUTE CORPORATION

**Current Principal Place of Business:**

1376 MOWRY ROAD  
GAINESVILLE, FL 32610

**New Principal Place of Business:**

**Current Mailing Address:**

4000 JONES BRIDGE ROAD  
CHEVY CHASE, MD 20815 US

**New Mailing Address:**

**FEI Number:** 59-0735717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: ACON  
Name: MARCUS, MONIQUE L  
Address: 4000 JONES BRIDGE RD  
City-St-Zip: CHEVY CHASE, MD 20815 US

Title: TRUS  
Name: SCHMOKE, KURT L ESQ.  
Address: 2900 VAN NESS STREET, NW  
City-St-Zip: WASHINGTON, DC 20008 US

Title: TRUS  
Name: BAKER, III, JAMES A ESQ  
Address: 910 LOUISIANA, SUITE 3800  
City-St-Zip: HOUSTON, TX 77002 US

Title: PRES  
Name: TJIAN, ROBERT PHD  
Address: 4000 JONES BRIDGE ROAD  
City-St-Zip: CHEVY CHASE, MD 20815 US

Title: EVP  
Name: MOORE, CHERYL A  
Address: 4000 JONES BRIDGE ROAD  
City-St-Zip: CHEVY CHASE, MD 20815 US

Title: VPFI  
Name: KOTAK, NITIN V  
Address: 4000 JONES BRIDGE ROAD  
City-St-Zip: CHEVY CHASE, MD 20815 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MONIQUE L. MARCUS

ACON

01/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date