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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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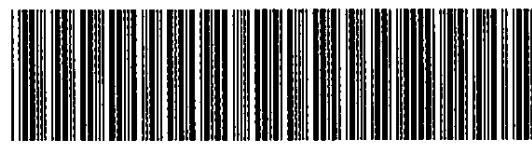
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7/9/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Albert B. Sabin Vaccine Institute, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Brian Davis

Name of Person

Sabin Vaccine Institute

Firm/Company

2000 Pennsylvania Ave, Suite 7100

Address

Washington, DC 20006

City/State and Zip Code

brian.davis@sabin.org

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Brian Davis

Name of Person

at (202) 842-8610

Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Albert B. Sabin Vaccine Institute, Inc
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Maryland 3. 06-1389829
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1994 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 2000 Pennsylvania Ave, Suite 7100, Washington DC 20006
(Principal office address)

2000 Pennsylvania Ave, Suite 7100, Washington DC 20006
(Current mailing address)
8. 501(c)(3) non profit whose mission is to prevent needless human suffering from vaccine preventable and neglected tropical diseases.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip Code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

Ryan Black, Asst. Sec.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

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A. DIRECTORS

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Brian Davis
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Brian Davis, COO
(Typed or printed name and capacity of person signing application)



BOARD OF TRUSTEES - March 2012

Morton P. Hyman

Chairman, Sabin Vaccine Institute

MPH Enterprises LLC

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Axel Hoos, MD, PhD

Vice President, Oncology R&D

DPU Head, Combination Therapies & Translational Research

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Kevin L. Reilly

Independent Director

President (Retired) Wyeth Vaccines and Nutrition

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Gary Rosenthal

Immediate Past Chairman, Texas Children's Hospital

Partner

The Sterling Group

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grosenthal@sterling-group.com

Maj. Gen. Philip K. Russell, MD (USA Ret.)

Trustee and Past Chairman, Sabin Vaccine Institute

Home: 11909 Coldstream Drive

Potomac, MD 20854-3617

Tel: (301) 299-6159 Cell: (202) 821-2631 Fax: (301) 299-7313

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Phone (202) 842-5025

Fax (202) 842-7689

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Non-Executive Chairman, Chase Bank of Texas
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Michael E. Whitham

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EX-OFFICIO TRUSTEES

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Exec Vice President

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Texas Children's Hospital

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President and CEO

Baylor College of Medicine

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Michael Marine

Chief Executive Officer

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Michael.marine@sabin.org

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www.sabin.org



HONORARY TRUSTEE

Heloisa Sabin
Honorary Trustee

EMERITUS TRUSTEE

H.R. Shepherd, DSc
Founding Chairman

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OFFICERS- June 2013

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Secretary, Treasurer

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STATE OF MARYLAND
Department of Assessments and Taxation

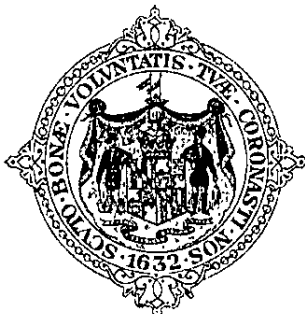
I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THE ALBERT B. SABIN VACCINE INSTITUTE, INC., INCORPORATED JANUARY 20, 1994, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 13, 2013.

Paul B. Anderson

Paul B. Anderson
Charter Division



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