Electronic Signature of Signing Officer/Director Detail

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813457

Entity Name: CYSTIC FIBROSIS FOUNDATION

Current Principal Place of Business:

4550 MONTGOMERY AVE, SUITE 1100N BETHESDA, MD 20814

Current Mailing Address:

4550 MONTGOMERY AVE, SUITE 1100N BETHESDA, MD 20814 US

FEI Number: 13-1930701

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US

Title

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

Officer/Direc	tor Detail :
Title	PRESIDENT & CEO

Name	BOYLE MD. , MICHAEL		SECRETARY
		Name	TWIGG, VERA H
Address	4550 MONTGOMERY AVE, SUITE 1100N	Address	4550 MONTGOMERY AVE, SUITE 1100N
City-State-Zip:	BETHESDA MD 20814	City-State-Zip:	
Title	DIRECTOR	Title	DIRECTOR
Name	MCLOUD, CATHERINE C		
Address	4550 MONTGOMERY AVE, SUITE	Name	GRAY, ESQ, RICHARD J
	1100N	Address	4550 MONTGOMERY AVE, SUITE 1100N
City-State-Zip:	BETHESDA MD 20814	City-State-Zip:	BETHESDA MD 20814
Title	DIRECTOR	T :41 a	
Name	HOOK, SUSAN L	Title	DIRECTOR
Address	4550 MONTGOMERY AVE, SUITE	Name	MOORE, CHAD T
	1100N	Address	4550 MONTGOMERY AVE, SUITE 1100N
City-State-Zip:	BETHESDA MD 20814	City-State-Zip:	BETHESDA MD 20814
Title	DIRECTOR	T :41 a	
Name	MOUNT, DAVID A	Title	DIRECTOR
Address	4550 MONTGOMERY AVE, SUITE	Name	SHAK, M.D. , STEVEN
	1100N	Address	4550 MONTGOMERY AVE, SUITE 1100N
City-State-Zip:	BETHESDA MD 20814	City-State-Zip:	BETHESDA MD 20814

Continues on page 2

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VERA H. TWIGG

CHIEF FINANCIAL OFFICER

01/16/2020

FILED Jan 16, 2020 Secretary of State 1951177459CC

Date

Certificate of Status Desired: No

EXEC VP AND CFO, ASST.

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	ELDER, TERESA	Name	WHETSELL, PAUL W
Address	4550 MONTGOMERY AVE, SUITE 1100N	Address	4550 MONTGOMERY AVE, SUITE 1100N
City-State-Zip:	BETHESDA MD 20814	City-State-Zip:	BETHESDA MD 20814
Title	DIRECTOR	Title	DIRECTOR
Name	WHITE , KC BRYAN	Name	TORPHY, PH.D. , THEODORE J
Address	4550 MONTGOMERY AVE, SUITE 1100N	Address	4550 MONTGOMERY AVE, SUITE
City-State-Zip:	BETHESDA MD 20814	Address	1100N
Title		City-State-Zip:	BETHESDA MD 20814
	DIRECTOR DEFALCO, LOUIS	Title	DIRECTOR
Name		Name	GRIEGO, M.D., CAROLE B
Address	4550 MONTGOMERY AVE, SUITE 1100N	Address	4550 MONTGOMERY AVE, SUITE
City-State-Zip:	BETHESDA MD 20814	Address	1100N
Title	DIRECTOR	City-State-Zip:	BETHESDA MD 20814
Name	OLSON, PH.D., ERIC R	Title	DIRECTOR
Address	4550 MONTGOMERY AVE, SUITE 1100N	Name	NIEHAUS, ROBERT H
City-State-Zip:	BETHESDA MD 20814	Address	4550 MONTGOMERY AVE, SUITE 1100N
Title	EXEC VP & COO, SECRETARY	City-State-Zip:	BETHESDA MD 20814
Name	GINSKY, MARC S		
Address	4550 MONTGOMERY AVE, SUITE 1100N	Title	DIRECTOR
City-State-Zip:	BETHESDA MD 20814	Name	WEINBERG, JOHN S.
Title	DIRECTOR	Address	4550 MONTGOMERY AVENUE SUITE 1100N
Name	CAMPBELL, III MD, PRESTON W.	City-State-Zip:	BETHESDA MD 20814
Address	4550 MONTGOMERY AVE, SUITE 1100N		
City-State-Zip:	·		