

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004682

Entity Name: THE JACKSON LABORATORY, INCORPORATED

Current Principal Place of Business:

600 MAIN STREET
BAR HARBOR, ME 04609

Current Mailing Address:

600 MAIN STREET
BAR HARBOR, ME 04609 US

FEI Number: 01-0211513

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name CARDON, LON
Address 600 MAIN STREET
City-State-Zip: BAR HARBOR ME 04609

Title SECRETARY
Name HOAG, DANIEL
Address 600 MAIN STREET
City-State-Zip: BAR HARBOR ME 04609

Title TREASURER
Name ABBOTT, DOUGLAS
Address 600 MAIN STREET
City-State-Zip: BAR HARBOR ME 04609

Title DIRECTOR
Name BRODLEY PH.D., CARLA
Address 600 MAIN STREET
City-State-Zip: BAR HARBOR ME 04609

Title DIRECTOR
Name MILCH, JD, NEAL B
Address 600 MAIN STREET
City-State-Zip: BAR HARBOR ME 04609

Title DIRECTOR
Name ADIMORA, MD, MPH, ADAORA
Address 600 MAIN STREET
City-State-Zip: BAR HARBOR ME 04609

Title DIRECTOR
Name BARRY, THOMAS C
Address 600 MAIN STREET
City-State-Zip: BAR HARBOR ME 04609

Title DIRECTOR
Name DATTELS, TIMOTHY D
Address 600 MAIN STREET
City-State-Zip: BAR HARBOR ME 04609

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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: DANIEL HOAG

SECRETARY

03/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BRAWLEY MD, OTIS
Address 600 MAIN STREET
City-State-Zip: BAR HARBOR ME 04609

Title DIRECTOR
Name BRODER, JOSHUA
Address 600 MAIN STREET
City-State-Zip: BAR HARBOR ME 04609