

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002944

Entity Name: ALBERT B. SABIN VACCINE INSTITUTE, INC.**Current Principal Place of Business:**2175 K STREET NW
SUITE 400
WASHINGTON, DC 20037**Current Mailing Address:**2175 K STREET NW
SUITE 400
WASHINGTON, DC 20037 US**FEI Number:** 06-1389829**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** MADONNA CUDIHY

04/13/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CFO
Name DELEON, KIJU
Address 2175 K STREET NW
SUITE 400
City-State-Zip: WASHINGTON DC 20037

Title TRUSTEE, VC
Name THOREN, PETER
Address 730 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10019

Title CEO
Name FINAN, AMY
Address 2175 K STREET NW
SUITE 400
City-State-Zip: WASHINGTON DC 20037

Title TRUSTEE
Name HOLMAN, WENDY
Address 30 STAR ISLAND DRIVE
City-State-Zip: MIAMI BEACH FL 33139

Title TRUSTEE, CHAIRMAN
Name HOOS, AXEL MD, PHD
Address 1250 S COLLEGEVILLE ROAD
City-State-Zip: COLLEGEVILLE PA 19426

Title TRUSTEE
Name RABINOVICH, REGINA
Address PO BOX 442
City-State-Zip: BUCK HILL FALLS PA 18323

Title PRESIDENT
Name GUPTA, ANURADHA
Address 2175 K STREET NW
SUITE 400
City-State-Zip: WASHINGTON DC 20037

Title TRUSTEE
Name DUBOVSKY, FILIP
Address 5010 EDGEMOOR LANE
City-State-Zip: BETHESDA MD 20814

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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: KIJU DELEON

CFO

04/13/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name FOX, ELIZABETH
Address 3828 KLINGLE PLACE NW
City-State-Zip: WASHINGTON DC 20814

Title TRUSTEE
Name SHEA, JACQUI
Address INOVIO PHARMACEUTICALS
City-State-Zip: PLYMOUTH MEETING PA 19462

Title TRUSTEE, SECRETARY
Name LIBSON, JEFFREY
Address 902 CARNEGIE CENTER, SUITE 500
City-State-Zip: PRINCETON NJ 08540

Title TRUSTEE
Name OMER, SAAD
Address 146 HARTFORD TURNPIKE
City-State-Zip: HAMDEN CT 06517

Title TRUSTEE
Name SALISBURY, DAVID
Address CENTRE ON GLOBAL HEALTH
SECURITY
City-State-Zip: CHATHAM HOUSE, LONDON