

**2021 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

09/02/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title COO  
Name DAVIS, BRIAN  
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 GELLIN, BRUCE  
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

**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:** BRIAN DAVIS

COO

09/02/2021

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