Entity Name: ALBERT B. SABIN VACCINE INSTITUTE, INC.

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

2000 PENNSYLVANIA AVENUE NW SUITE 7100 WASHINGTON, DC 20006

DOCUMENT# F13000002944

## **Current Mailing Address:**

2000 PENNSYLVANIA AVENUE NW SUITE 7100 WASHINGTON, DC 20006 US

### FEI Number: 06-1389829

## 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:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	COO	Title	TRUSTEE
Name	DAVIS, BRIAN	Name	HAYMAN, BARONESS H
Address City-State-Zip:	2000 PENNSYLVANIA AVENUE NW SUITE 7100 WASHINGTON DC 20006	Address City-State-Zip:	HOUSE OF LORDS LONDON SW1A 0PW
Title Name Address City-State-Zip:	TRUSTEE HOOS, AXEL MD, PHD 1250 S COLLEGEVILLE ROAD COLLEGEVILLE PA 19426	Title Name Address City-State-Zip:	TRUSTEE MADDON, PAUL J MD, PHD 191 FOX MEADOW ROAD SCARSDALE NY 10583
Title Name Address	TRUSTEE POSNER, MICHAEL H 176 WEST 8TH STREET	Title Name Address	TRUSTEE ROSENTHAL, GARY 9 GREENWAY PLAZA SUITE 2400
City-State-Zip:	NEW YORK NY 10024	City-State-Zip:	
Title Name Address	TRUSTEE, PAST CHAIRMAN RUSSELL, PHILIP K MAJ. GEN., MD (USA RET.) 3237 SUMMER WIND LANE UNIT 1205	Title Name Address City-State-Zip:	TRUSTEE SHAPIRO, MARC J 1100 UPTOWN PARK BLVD # 142 HOUSTON TX 77056
City-State-Zip:	HIGHLANDS RANCH CO 80129		

# Continues on page 2

COO

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 R. DAVIS

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

# **Officer/Director Detail Continued :**

Title	TRUSTEE	Title	TRUSTEE
Name	THOREN, PETER	Name	WHITHAM, MICHAEL E
Address	730 FIFTH AVENUE	Address	11491 SUNSET HILLS RD SUITE 340
City-State-Zip:	NEW YORK NY 10019	City-State-Zip:	
Title	PRESIDENT	Title Name Address	CEO
Name	HOTEZ, PETER J MD, PHD		MARINE, MICHAEL W
Address	1102 BATES ST SUITE 1470		2000 PENNSYLVANIA AVENUE NW
City-State-Zip:	HOUSTON TX 77030	City-State-Zip:	SUTIE 7100 WASHINGTON DC 20006