

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002944

**Entity Name:** ALBERT B. SABIN VACCINE INSTITUTE, INC.**Current Principal Place of Business:**2000 PENNSYLVANIA AVENUE NW  
SUITE 7100  
WASHINGTON, DC 20006**Current Mailing Address:**2000 PENNSYLVANIA AVENUE NW  
SUITE 7100  
WASHINGTON, DC 20006 US**FEI Number:** 06-1389829**Certificate of Status Desired:** No**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

Date

**Officer/Director Detail :**

Title COO  
Name DAVIS, BRIAN  
Address 2000 PENNSYLVANIA AVENUE NW  
SUITE 7100  
City-State-Zip: WASHINGTON DC 20006

Title TRUSTEE  
Name HAYMAN, BARONESS H  
Address HOUSE OF LORDS  
City-State-Zip: LONDON SW1A 0PW

Title TRUSTEE  
Name MADDON, PAUL J MD, PHD  
Address 191 FOX MEADOW ROAD  
City-State-Zip: SCARSDALE NY 10583

Title TRUSTEE  
Name ROSENTHAL, GARY  
Address 9 GREENWAY PLAZA  
SUITE 2400  
City-State-Zip: HOUSTON TX 77046

Title TRUSTEE  
Name HYMAN, MORTON P  
Address 998 FIFTH AVENUE #3W  
City-State-Zip: NEW YORK NY 10028

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

Title TRUSTEE  
Name POSNER, MICHAEL H  
Address 176 WEST 8TH STREET  
City-State-Zip: NEW YORK NY 10024

Title TRUSTEE, PAST CHAIRMAN  
Name RUSSELL, PHILIP K MAJ. GEN., MD  
(USA RET.)  
Address 1909 COLDSTREAM DRIVE  
City-State-Zip: POTOMAC MD 20854-3617

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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:** BRIAN R DAVIS

COO

07/11/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name SHAPIRO, MARC J  
Address 1100 UPTOWN PARK BLVD  
# 142  
City-State-Zip: HOUSTON TX 77056

Title TRUSTEE  
Name WHITHAM, MICHAEL E  
Address 11491 SUNSET HILLS RD  
SUITE 340  
City-State-Zip: RESTON VA 20190

Title CEO  
Name MARINE, MICHAEL W  
Address 2000 PENNSYLVANIA AVENUE NW  
SUTIE 7100  
City-State-Zip: WASHINGTON DC 20006

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

Title PRESIDENT  
Name HOTEZ, PETER J MD, PHD  
Address 2000 PENNSYLVANIA AVENUE NW  
SUITE 7100  
City-State-Zip: WASHINGTON DC 20006