

**2018 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

08/28/2018

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, PAST CHAIRMAN
Name	RUSSELL, PHILIP K MAJ. GEN., MD (USA RET.)
Address	3237 SUMMER WIND LANE UNIT 1205
City-State-Zip:	HIGHLANDS RANCH CO 80129
Title	TRUSTEE, SECRETARY
Name	MARINE, MICHAEL W
Address	283 CHANNEL DR.
City-State-Zip:	WELLS VT 05774
Title	TRUSTEE
Name	RABINOVICH, REGINA
Address	PO BOX 442
City-State-Zip:	BUCK HILL FALLS PA 18323

Title	TRUSTEE, CHAIRMAN
Name	HOOS, AXEL MD, PHD
Address	1250 S COLLEGEVILLE ROAD
City-State-Zip:	COLLEGEVILLE PA 19426
Title	TRUSTEE, VC
Name	THOREN, PETER
Address	730 FIFTH AVENUE
City-State-Zip:	NEW YORK NY 10019
Title	TRUSTEE
Name	KELLEY, KENNETH
Address	1331 HILLVIEW DRIVE
City-State-Zip:	MENLO PARK CA 94025
Title	CEO
Name	FINAN, AMY
Address	2175 K STREET NW SUITE 400
City-State-Zip:	WASHINGTON DC 20037

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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 DAVIS

COO

08/28/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                PRESIDENT  
Name                GELLIN, BRUCE  
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