## 2017 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

### Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: Yes

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	05/02/2017		
	Electronic Signature of Registered Agent	Date		
Officer/Director Detail :				

	Title	COO	Title	TRUSTEE, CHAIRMAN		
	Name	DAVIS, BRIAN	Name	HOOS, AXEL MD, PHD		
	Address	2175 K STREET NW	Address	1250 S COLLEGEVILLE ROAD		
	City-State-Zip:	SUITE 400 WASHINGTON DC 20037	City-State-Zip:	COLLEGEVILLE PA 19426		
	Title	TRUSTEE	Title	TRUSTEE, PAST CHAIRMAN		
	Name	MADDON, PAUL J MD, PHD	Name	RUSSELL, PHILIP K MAJ. GEN., MD (USA RET.)		
	Address	191 FOX MEADOW ROAD	Address	3237 SUMMER WIND LANE UNIT 1205		
	City-State-Zip:	SCARSDALE NY 10583	City-State-Zip:	HIGHLANDS RANCH CO 80129		
	Title	TRUSTEE, VC	Title	TRUSTEE, SECRETARY		
	Name	THOREN, PETER	Name	MARINE, MICHAEL W		
	Address	in: NEW YORK NY 10019	Address	283 CHANNEL DR.		
	City-State-Zip:		City-State-Zip:	WELLS VT 05774		
	Title	TRUSTEE	Title	TRUSTEE		
	Name	KELLEY, KENNETH	Name	RABINOVICH. REGINA		
	Address	14 STORY STREET, SUITE 500	Address	PO BOX 442		
City-	City-State-Zip:	CAMBRIDGE MA 02138	City-State-Zip:	BUCK HILL FALLS PA 18323		

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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 DAVIS

Electronic Signature of Signing Officer/Director Detail

## **Officer/Director Detail Continued :**

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