

**2016 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT**

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:** MADONNA CUDIHY

10/03/2016

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

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 PRESIDENT  
Name HOTEZ, PETER J MD, PHD  
Address 1102 BATES ST  
SUITE 1470  
City-State-Zip: HOUSTON TX 77030

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

Title TRUSTEE  
Name MARINE, MICHAEL W  
Address 283 CHANNEL DR.  
City-State-Zip: WELLS VT 05774

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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

10/03/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name KELLEY, KENNETH  
Address 14 STORY STREET, SUITE 500  
City-State-Zip: CAMBRIDGE MA 02138

Title TRUSTEE  
Name RABINOVICH, REGINA  
Address PO BOX 442  
City-State-Zip: BUCK HILL FALLS PA 18323

Title TRUSTEE  
Name KLINE, MARK  
Address 6621 FANNIN STREET, MC-A1150  
City-State-Zip: HOUSTON TX 77030

Title TRUSTEE  
Name ORANGE, JORDAN  
Address 1102 BATES AVE. SUITE 330  
City-State-Zip: HOUSTON TX 77030

Title CEO  
Name FINAN, AMY  
Address 2000 PENNSYLVANIA AVE.  
SUITE 7100  
City-State-Zip: WASHINGTON DC 20006

Title TRUSTEE  
Name KLOTMAN, PAUL  
Address ONE BAYLOR PLAZA  
SUITE 143A  
City-State-Zip: HOUSTON TX 77030