

2019 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT

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

10/01/2019

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

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

10/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name HOLMAN, WENDY
Address 30 STAR ISLAND DRIVE
City-State-Zip: MIAMI BEACH FL 33139

Title TRUSTEE
Name FOX, ELIZABETH
Address 3828 KLINGLE PLACE NW
City-State-Zip: WASHINGTON DC 20814

Title TRUSTEE
Name SHEA, JACQUI
Address INOVIO PHARMACEUTICALS
City-State-Zip: PLYMOUTH MEETING PA 19462

Title TRUSTEE
Name DUBOVSKY, FILIP
Address 5010 EDGEMOOR LANE
City-State-Zip: BETHESDA MD 20814

Title TRUSTEE
Name OMER, SAAD
Address EMORY UNIVERSITY
City-State-Zip: ATLANTA GA 30322