

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000006007

Entity Name: CHEIRON, INC.

**Current Principal Place of Business:**

1750 TYSONS BLVD. SUITE 1100  
MCLEAN, VA 22102-4230

**Current Mailing Address:**

1750 TYSONS BLVD. SUITE 1100  
MCLEAN, VA 22102-4230 US

FEI Number: 13-4215617

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

HUBCO REGISTERED AGENT SERVICES, INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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 PC  
Name KALWARSKI, GENE M  
Address 1750 TYSONS BOULEVARD, SUITE 1100  
City-State-Zip: MCLEAN VA 22102-4203

Title ST  
Name MAURO, CONSTANCE  
Address 1750 TYSONS BOULEVARD, SUITE 1100  
City-State-Zip: MCLEAN VA 22102-4230

Title CFO  
Name HARDCASTLE, PETER R  
Address 1750 TYSONS BOULEVARD, SUITE 1100  
City-State-Zip: MCLEAN VA 22102-4230

Title D  
Name COLBERG, JOHN L  
Address 9115 HARRIS CORNER PARKWAY, SUITE 380  
City-State-Zip: CHARLOTTE NC 28269-3709

Title D  
Name LISTON, FIONA E  
Address 1750 TYSONS BOULEVARD, SUITE 1100  
City-State-Zip: MCLEAN VA 22102-4230

Title D  
Name MALLETT, KAREN  
Address 1750 TYSONS BOULEVARD, SUITE 1100  
City-State-Zip: MCLEAN VA 22102-4230

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: CONSTANCE MAURO

SECRETARY

01/21/2014

Electronic Signature of Signing Officer/Director Detail

Date