### 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003460

**Entity Name: HOWARD HUGHES MEDICAL INSTITUTE CORPORATION** 

**FILED** Jan 24, 2013 **Secretary of State** CC3578107765

## **Current Principal Place of Business:**

1376 MOWRY ROAD GAINESVILLE, FL 32610

### **Current Mailing Address:**

4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815 US

FEI Number: 59-0735717 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

CHEVY CHASE MD 20815

CORPORATION SERVICE COMPANY 1201 HAYS STREET 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 **ACON** Title TRUSTEE, CHAIRMAN MARCUS, MONIQUE L SCHMOKE, KURT L ESQ. Name Name

4000 JONES BRIDGE RD HOWARD UNIV-OFF OF THE GEN Address Address

COUNSEL

City-State-Zip: 2400 SIXTH STREET, NW SUITE 321

City-State-Zip: WASHINGTON DC 20059 Title **TRUS** 

Name BAKER, III, JAMES A ESQ. Title **PRES** 

Address 910 LOUISIANA, SUITE 3800 Name TJIAN, ROBERT PHD

HOUSTON TX 77002 4000 JONES BRIDGE ROAD City-State-Zip: Address

CHEVY CHASE MD 20815 City-State-Zip:

EVP Title

MOORE, CHERYL A Title **VPFI** Name

KOTAK, NITIN V 4000 JONES BRIDGE ROAD Name Address

4000 JONES BRIDGE ROAD Address CHEVY CHASE MD 20815 City-State-Zip:

> City-State-Zip: CHEVY CHASE MD 20815

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: MONIQUE L. MARCUS

ASSISTANT CONTROLLER 01/24/2013