

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003460

**FILED**  
**Apr 26, 2022**  
**Secretary of State**  
**9489989346CC**

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

**Current Principal Place of Business:**

4000 JONES BRIDGE ROAD  
CHEVY CHASE, MD 20815

**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:**

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            CONTROLLER  
Name            MARCUS, MONIQUE L  
Address        4000 JONES BRIDGE RD  
City-State-Zip: CHEVY CHASE MD 20815

Title            VICE PRESIDENT, SECRETARY,  
                    GENERAL COUNSEL  
Name            HENNING, HEIDI E ESQ.  
Address        4000 JONES BRIDGE ROAD  
City-State-Zip: CHEVY CHASE MD 20815

Title            VP AND EXEC. DIRECTOR  
Name            VALE, RONALD D PH.D.  
Address        4000 JONES BRIDGE ROAD  
City-State-Zip: CHEVY CHASE MD 20815

Title            ASST TREASURER  
Name            PLOTNICK, SUSAN S  
Address        4000 JONES BRIDGE ROAD  
City-State-Zip: CHEVY CHASE MD 20815

Title            PRESIDENT  
Name            O'SHEA, ERIN K PH.D.  
Address        4000 JONES BRIDGE ROAD  
City-State-Zip: CHEVY CHASE MD 20815

Title            TREASURER  
Name            CRONIN , DANIEL A PH.D.  
Address        4000 JONES BRIDGE ROAD  
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

**AUTHORIZED PERSON**

**04/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date