

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003460

**FILED**  
**Jan 27, 2023**  
**Secretary of State**  
**3308263274CC**

**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 CFO  
Name LOCHTE, LYNNE  
Address 4000 JONES BRIDGE RD  
City-State-Zip: CHEVY CHASE MD 20815

Title SECRETARY  
Name HENNING, HEIDI E ESQ.  
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 CHAIRMAN  
Name ROSE PH.D., CLAYTON S  
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:** HEIDI E. HENNING ESQ.

**SECRETARY**

**01/27/2023**

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

\_\_\_\_\_  
Date