

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003460

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, TREASURER
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

Title DIRECTOR
Name RICHARD , ALISON F PHD
Address 4000 JONES BRIDGE ROAD
City-State-Zip: CHEVY CHASE MD 20815

Title DIRECTOR
Name BARSHEFSKY , CHARLENE ESQ
Address 4000 JONES BRIDGE ROAD
City-State-Zip: CHEVY CHASE MD 20815

Title DIRECTOR
Name JULIUS , DAVID PHD
Address 4000 JONES BRIDGE ROAD
City-State-Zip: CHEVY CHASE MD 20815

Title DIRECTOR
Name SPAR , DEBORA L PHD
Address 4000 JONES BRIDGE ROAD
City-State-Zip: CHEVY CHASE MD 20815

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

SIGNATURE: LYNNE LOCHTE

TREASURER

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GOLDSTEIN, JOSEPH L
Address 4000 JONES BRIDGE ROAD
City-State-Zip: CHEVY CHASE MD 20815

Title DIRECTOR
Name NURSE , PAUL M PHD
Address 4000 JONES BRIDGE ROAD
City-State-Zip: CHEVY CHASE MD 20815

Title DIRECTOR
Name SCHMOKE , KURT L ESQ.
Address 4000 JONES BRIDGE ROAD
City-State-Zip: CHEVY CHASE MD 20815

Title DIRECTOR
Name LAVIZZO-MOUREY, RISA MBA MD
Address 4000 JONES BRIDGE ROAD
City-State-Zip: CHEVY CHASE MD 20815