

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005498

Entity Name: EMERGENT BIOSOLUTIONS INC.

Current Principal Place of Business:

400 PROFESSIONAL DRIVE
SUITE 400
GAITHERSBURG, MD 20879

FILED
Apr 23, 2015
Secretary of State
CC7994056477

Current Mailing Address:

400 PROFESSIONAL DRIVE
SUITE 400
GAITHERSBURG, MD 20879 US

FEI Number: 14-1902018

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 DIRECTOR
Name EL-HIBRI, FUAD
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR
Name SULLIVAN, LOUIS DR
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR
Name HARSANYI, ZSOLT DR
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title CEO
Name ABDUN-NABI, DANIEL J
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title SECRETARY
Name CRUZ III, A B
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title CFO
Name KRAMER, ROBERT
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR
Name BAILEY, SUE
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR
Name WHITE, MARVIN
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

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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: SHAWNTE MITCHELL

ASSISTANT SECRETARY 04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NIEDERHUBER, JOHN
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR
Name GEORGE, JOULWAN GEN
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title ASSISTANT SECRETARY
Name MITCHELL, SHAWNTE
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR
Name RICHARD, RONALD B
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR
Name HAUER, JEROME DR.
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879