

**2016 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

**Current Mailing Address:**

400 PROFESSIONAL DRIVE  
SUITE 400  
GAITHERSBURG, MD 20879 US

**FEI Number:** 14-1902018

**Certificate of Status Desired:** No

**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:** ANATOLIO B. CRUZ III

**SECRETARY**

**04/26/2016**

\_\_\_\_\_  
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