2019 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	Title	DIRECTOR
Name	EL-HIBRI, FUAD	Name	SULLIVAN, LOUIS DR
Address	400 PROFESSIONAL DRIVE SUITE 400	Address	400 PROFESSIONAL DRIVE SUITE 400
City-State-Zip:	GAITHERSBURG MD 20879	City-State-Zip:	GAITHERSBURG MD 20879
Title	DIRECTOR	Title	CEO, DIRECTOR
Name	HARSANYI, ZSOLT DR	Name	KRAMER, ROBERT J
Address	400 PROFESSIONAL DRIVE SUITE 400	Address	400 PROFESSIONAL DRIVE SUITE 400
City-State-Zip:	GAITHERSBURG MD 20879	City-State-Zip:	GAITHERSBURG MD 20879
Title	DIRECTOR	Title	DIRECTOR
Name	BAILEY, SUE	Name	RICHARD, RONALD B
Address	400 PROFESSIONAL DRIVE SUITE 400	Address	400 PROFESSIONAL DRIVE SUITE 400
City-State-Zip:	GAITHERSBURG MD 20879	City-State-Zip:	GAITHERSBURG MD 20879
Title	DIRECTOR	Title	DIRECTOR
Name	GEORGE, JOULWAN GEN	Name	HAUER, JEROME DR.
Address	400 PROFESSIONAL DRIVE SUITE 400	Address	400 PROFESSIONAL DRIVE SUITE 400
City-State-Zip:	GAITHERSBURG MD 20879	City-State-Zip:	GAITHERSBURG MD 20879

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: ATUL SARAN   SECRETARY   04/29/2019

Electronic Signature of Signing Officer/Director Detail   Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY		Title	DIRECTOR
Name	WOUBISHET, DANIEL		Name	ZOON, KATHRYN
Address	400 PROFESSIONAL DRIVE SUITE 400		Address	400 PROFESSIONAL DRIVE SUITE 400
City-State-Zip:	GAITHERSBURG MD 20879		City-State-Zip:	GAITHERSBURG MD 20879
Title	SECRETARY		Title	TREASURER
Name	SARAN, ATUL		Name	LINDAHL, RICHARD
Address	400 PROFESSIONAL DRIVE SUITE 400		Address	400 PROFESSIONAL DRIVE SUITE 400
City-State-Zip:	GAITHERSBURG MD 20879		City-State-Zip:	GAITHERSBURG MD 20879
Title	DIRECTOR			
Name	MULLIGAN, SEAMUS			
Address	400 PROFESSIONAL DRIVE SUITE 400			
City-State-Zip:	GAITHERSBURG MD 20879			