

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005498

Entity Name: EMERGENT BIOSOLUTIONS INC.**Current Principal Place of Business:**300 PROFESSIONAL DRIVE
GAITHERSBURG, MD 20879**Current Mailing Address:**300 PROFESSIONAL DRIVE
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 SULLIVAN, LOUIS DR
Address 300 PROFESSIONAL DRIVE
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR
Name RICHARD, RONALD B
Address 300 PROFESSIONAL DRIVE
City-State-Zip: GAITHERSBURG MD 20879

Title SECRETARY
Name FOX, JENNIFER
Address 300 PROFESSIONAL DRIVE
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR
Name WHITE, MARVIN
Address 300 PROFESSIONAL DRIVE
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR
Name HARSANYI, ZSOLT DR
Address 300 PROFESSIONAL DRIVE
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR
Name ZOON, KATHRYN DR.
Address 300 PROFESSIONAL DRIVE
City-State-Zip: GAITHERSBURG MD 20879

Title TREASURER, CFO
Name LINDAHL, RICHARD
Address 300 PROFESSIONAL DRIVE
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR
Name KATKIN, KEITH
Address 300 PROFESSIONAL DRIVE
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: JENNIFER FOX**SECRETARY****04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DAYAL, SUJATA
Address 300 PROFESSIONAL DRIVE
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR
Name DEGOLYER, DONALD
Address 300 PROFESSIONAL DRIVE
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR
Name FOWLER, NEAL
Address 300 PROFESSIONAL DRIVE
City-State-Zip: GAITHERSBURG MD 20879

Title DIRECTOR, CEO
Name PAPA, JOSEPH
Address 300 PROFESSIONAL DRIVE
City-State-Zip: GAITHERSBURG MD 20879