

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001212

**Entity Name:** AFFYMETRIX, INC.**Current Principal Place of Business:**3420 CENTRAL EXPRESSWAY  
SANTA CLARA, CA 95051**Current Mailing Address:**168 THIRD AVENUE  
WALTHAM, MA 02451 US**FEI Number:** 77-0319159**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, STE A  
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 DIRECTOR, PRESIDENT, SECRETARY  
Name HOOGASIAN, SETH H  
Address 168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

Title TREASURER  
Name SMITH, ANTHONY H  
Address 168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

Title ASSISTANT SECRETARY  
Name MACLEOD, GENOFFIR M  
Address 5781 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title ASSISTANT SECRETARY  
Name BRUNI, JAMES E  
Address 300 INDUSTRY DRIVE  
City-State-Zip: PITTSBURGH PA 15275

Title ASSISTANT TREASURER  
Name SPELLMAN, MAURA A  
Address 168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

Title ASSISTANT SECRETARY  
Name MICHAUD, MICHAEL K  
Address 168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

Title ASSISTANT SECRETARY  
Name BRIANSKY, SHARON  
Address 168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

*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:** JAMES E BRUNI**ASSISTANT SECRETARY 04/20/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date