

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000001623

Entity Name: MEDULLAN, INC.

Current Principal Place of Business:

1560 SHERMAN AVENUE
SUITE 800
EVANSTON, IL 60201

FILED
Mar 09, 2023
Secretary of State
8209047972CC

Current Mailing Address:

1560 SHERMAN AVENUE
SUITE 800
EVANSTON, IL 60201 US

FEI Number: 20-2110984

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 PRESIDENT, DIRECTOR
Name KHEDKAR, PRATAP
Address 1650 MARKET STREET, SUITE 3500
City-State-Zip: PHILADELPHAI PA 19103

Title SECRETARY
Name SCHWARTZ, SARAH
Address 1560 SHERMAN AVENUE
 SUITE 800
City-State-Zip: EVANSTON IL 60201

Title TREASURER
Name WEBSTER, GRAHAM
Address ONE NEW LUDGATE
 60 LUDGATE HILL
City-State-Zip: LONDON ENGLAND EC4M 7AW

Title DIRECTOR
Name BAJAJ, JAIDEEP
Address 1650 MARKET STREET, SUITE 3500
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR
Name SAHAY, DHARMENDRA
Address 350 FIFTH AVENUE, SUITE 5100
City-State-Zip: NEW YORK NY 10118

Title DIRECTOR
Name SINHA, PRABHAKANT
Address 1560 SHERMAN AVENUE
 SUITE 800
City-State-Zip: EVANSTON IL 60201

Title DIRECTOR
Name FERNANDO, ROHAN
Address 1650 MARKET STREET, SUITE 3500
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR
Name FORERO, SANDRA
Address 210 CARNEGIE CENTER, SUITE 400
City-State-Zip: PRINCETON NJ 08540

Continues on page 2

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: SARAH SCHWARTZ

SECRETARY

03/09/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SHASTRI, ARUN
Address TWO BETHESDA METRO CENTER, SUITE 1300
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name COYLE, WILLIAM
Address TALSTRASSE 70
City-State-Zip: ZURICH 8001

Title DIRECTOR
Name JOSHI, SANJAY
Address 1560 SHERMAN AVENUE
SUITE 800
City-State-Zip: EVANSTON IL 60201

Title DIRECTOR
Name MITCHELL, AARON
Address 400 SOUTH EL CAMINO REAL, SUITE
1500
City-State-Zip: SAN MATEO CA 94402

Title DIRECTOR
Name KULICH, JUDITH
Address 400 SOUTH EL CAMINO REAL, SUITE
1500
City-State-Zip: SAN MATEO CA 94402