

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000005678

Entity Name: ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.**Current Principal Place of Business:**262 DANNY THOMAS PLACE
MEMPHIS, TN 38105**Current Mailing Address:**262 DANNY THOMAS PLACE
MEMPHIS, TN 38105 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 CHAIRMAN
Name GEORGE, CHRISTOPHER
Address 262 DANNY THOMAS PLACE
City-State-Zip: MEMPHIS TN 38105

Title VC
Name AYOUB, PAUL
Address 262 DANNY THOMAS PLACE
City-State-Zip: MEMPHIS TN 38105

Title PRES
Name DOWNING, JAMES R MD
Address 262 DANNY THOMAS PLACE
City-State-Zip: MEMPHIS TN 38105

Title CEO
Name KEEL, PATRICIA
Address 262 DANNY THOMAS PLACE
City-State-Zip: MEMPHIS TN 38105

Title CHIEF LEGAL OFFICER
Name DIAZ, ROBYN
Address 262 DANNY THOMAS PLACE
City-State-Zip: MEMPHIS TN 38105

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: ROBYN DIAZ**CHIEF LEGAL OFFICER****05/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date