

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000001072

**FILED**  
**Mar 31, 2023**  
**Secretary of State**  
**3798587709CC**

**Entity Name:** ADAPTIVE BIOTECHNOLOGIES CORPORATION

**Current Principal Place of Business:**

1551 EASTLAKE AVE. E.  
SUITE 200  
SEATTLE, WA 98102

**Current Mailing Address:**

1551 EASTLAKE AVE. E.  
SUITE 200  
SEATTLE, WA 98102 US

**FEI Number:** 27-0907024

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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 EINTERZ OWEN, KATEY  
Address 1551 EASTLAKE AVE. E.  
SUITE 200  
City-State-Zip: SEATTLE WA 98102

Title SECRETARY  
Name TAYLOR, STACY  
Address 1551 EASTLAKE AVE. E.  
SUITE 200  
City-State-Zip: SEATTLE WA 98102

Title DIRECTOR  
Name GRIFFIN, MICHELLE  
Address 1551 EASTLAKE AVE. E.  
SUITE 200  
City-State-Zip: SEATTLE WA 98102

Title DIRECTOR  
Name CONROY, KEVIN T.  
Address 1551 EASTLAKE AVE. E.  
SUITE 200  
City-State-Zip: SEATTLE WA 98102

Title CEO, DIRECTOR  
Name ROBINS, CHAD  
Address 1551 EASTLAKE AVE. E.  
SUITE 200  
City-State-Zip: SEATTLE WA 98102

Title DIRECTOR  
Name PELLINI, MICHAEL J.  
Address 1551 EASTLAKE AVE. E.  
SUITE 200  
City-State-Zip: SEATTLE WA 98102

Title PRESIDENT  
Name RUBINSTEIN, JULIE  
Address 1551 EASTLAKE AVE. E.  
SUITE 200  
City-State-Zip: SEATTLE WA 98102

Title DIRECTOR  
Name HERSHBERG, ROBERT  
Address 1551 EASTLAKE AVE. E.  
SUITE 200  
City-State-Zip: SEATTLE WA 98102

**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:** COHEN, CHAD

**CFO**

**03/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CFO/TREASURER  
Name COHEN, CHAD  
Address 1551 EASTLAKE AVE. E.  
SUITE 200  
City-State-Zip: SEATTLE WA 98102

Title DIRECTOR  
Name NEUPERT, PETER  
Address 1603 EVERGREEN PT. ROAD  
SUITE 200  
City-State-Zip: MEDINA WA 98034