DOCUMENT# F2000001072

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 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

Officer/Director Detail :

Officer/Director Detail :					
Title	DIRECTOR	Title	SECRETARY		
Name	EINTERZ OWEN, KATEY	Name	TAYLOR, STACY		
Address	1551 EASTLAKE AVE. E. SUITE 200	Address	1551 EASTLAKE AVE. E. SUITE 200		
City-State-Zip:	SEATTLE WA 98102	City-State-Zip:	SEATTLE WA 98102		
Title	DIRECTOR	Title	DIRECTOR		
Name	GRIFFIN, MICHELLE	Name	CONROY, KEVIN T.		
Address	1551 EASTLAKE AVE. E. SUITE 200	Address	1551 EASTLAKE AVE. E. SUITE 200		
City-State-Zip:	SEATTLE WA 98102	City-State-Zip:	SEATTLE WA 98102		
Title	CEO, DIRECTOR	Title	DIRECTOR		
Name	ROBINS, CHAD	Name	PELLINI, MICHAEL J.		
Address	1551 EASTLAKE AVE. E. SUITE 200	Address	1551 EASTLAKE AVE. E. SUITE 200		
City-State-Zip:	SEATTLE WA 98102	City-State-Zip:	SEATTLE WA 98102		
Title	PRESIDENT	Title	DIRECTOR		
Name	RUBINSTEIN, JULIE	Name	HERSHBERG, ROBERT		
Address	1551 EASTLAKE AVE. E. SUITE 200	Address	1551 EASTLAKE AVE. E. SUITE 200		
City-State-Zip:	SEATTLE WA 98102	City-State-Zip:	SEATTLE WA 98102		

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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	: STACY TAYLOR	SECRETARY	03/06/2024
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Mar 06, 2024 Secretary of State 8877161230CC

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	CFO/TREASURER	Title	DIRECTOR
Name	COHEN, CHAD	Name	NEUPERT, PETER
Address	1551 EASTLAKE AVE. E. SUITE 200	Address	1603 EVERGREEN PT. ROAD SUITE 200
City-State-Zip:	SEATTLE WA 98102	City-State-Zip:	MEDINA WA 98034