

**2024 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F20000001072

**FILED**  
**Jun 12, 2024**  
**Secretary of State**  
**4267182326CC**

**Entity Name:** ADAPTIVE BIOTECHNOLOGIES CORPORATION

**Current Principal Place of Business:**

1165 EASTLAKE AVE E  
SEATTLE, WA 98109

**Current Mailing Address:**

1165 EASTLAKE AVE E  
SEATTLE, WA 98109 US

**FEI Number:** 27-0907024

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name EINTERZ OWEN, KATEY  
Address 1165 EASTLAKE AVE E,  
City-State-Zip: SEATTLE WA 98109

Title SECRETARY  
Name TAYLOR, STACY  
Address 1165 EASTLAKE AVE E,  
City-State-Zip: SEATTLE WA 98109

Title DIRECTOR  
Name GRIFFIN, MICHELLE  
Address 1165 EASTLAKE AVE E,  
City-State-Zip: SEATTLE WA 98109

Title CEO, DIRECTOR  
Name ROBINS, CHAD  
Address 1165 EASTLAKE AVE E,  
City-State-Zip: SEATTLE WA 98109

Title DIRECTOR  
Name PELLINI, MICHAEL J.  
Address 1165 EASTLAKE AVE E,  
City-State-Zip: SEATTLE WA 98109

Title PRESIDENT  
Name RUBINSTEIN, JULIE  
Address 1165 EASTLAKE AVE E,  
City-State-Zip: SEATTLE WA 98109

Title DIRECTOR  
Name HERSHBERG, ROBERT  
Address 1165 EASTLAKE AVE E,  
City-State-Zip: SEATTLE WA 98109

Title TREASURER  
Name PISKEL, KYLE  
Address 1165 EASTLAKE AVE E,  
City-State-Zip: SEATTLE WA 98109

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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**

**06/12/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            NEUPERT, PETER  
Address        1165 EASTLAKE AVE E  
City-State-Zip: SEATTLE WA 98109