

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000003208

Entity Name: Y-MABS THERAPEUTICS, INC.

**Current Principal Place of Business:**

230 PARK AVE STE 3350  
NEW YORK, NY 10169

**FILED**  
**Apr 06, 2022**  
**Secretary of State**  
**1053894755CC**

**Current Mailing Address:**

230 PARK AVE STE 3350  
NEW YORK, NY 10169

FEI Number: 47-4619612

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, PRESIDENT  
Name GAD, THOMAS  
Address 230 PARK AVE STE 3350  
City-State-Zip: NEW YORK NY 10169

Title DIRECTOR, CEO  
Name MOLLER, CLAUS  
Address 230 PARK AVE STE 3350  
City-State-Zip: NEW YORK NY 10169

Title DIRECTOR  
Name WEDELL-WEDELLSNBORG, JOHAN  
Address AGERN ALLE 11  
GROUND FLOOR  
City-State-Zip: HORSHOLM 2970

Title DIRECTOR  
Name BER, GERARD  
Address AGERN ALLE 11  
GROUND FLOOR  
City-State-Zip: HORSHOLM 2970

Title DIRECTOR  
Name TYAGI, ASHUTOSH  
Address AGERN ALLE 11  
GROUND FLOOR  
City-State-Zip: HORSHOLM 2970

Title DIRECTOR  
Name HEALY, JAMES I  
Address AGERN ALLE 11  
GROUND FLOOR  
City-State-Zip: HORSHOLM 2970

Title DIRECTOR  
Name GILL, DAVID N.  
Address AGERN ALLE 11  
GROUND FLOOR  
City-State-Zip: HORSHOLM 2970

Title DIRECTOR  
Name LAURA , HAMILL J.  
Address 230 PARK AVE STE 3350  
City-State-Zip: NEW YORK NY 10169

**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: BO KRUSE

SECRETARY

04/06/2022

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

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title           TREASURER, CFO, SECRETARY

Name           KRUSE, BO

Address        230 PARK AVE STE 3350

City-State-Zip: NEW YORK NY 10169