

2021 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 26, 2021
Secretary of State
6487585149CC

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

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

Title D
Name WEDELL-WEDELLSNBORG, JOHAN
Address 230 PARK AVE STE 3350
City-State-Zip: NEW YORK NY 10169

Title D
Name BER, GERARD
Address 230 PARK AVE STE 3350
City-State-Zip: NEW YORK NY 10169

Title D
Name TYAGI, ASHUTOSH
Address 230 PARK AVE STE 3350
City-State-Zip: NEW YORK NY 10169

Title D
Name HEALY, JAMES I
Address 230 PARK AVE STE 3350
City-State-Zip: NEW YORK NY 10169

Title DIRECTOR
Name GILL, DAVID N.
Address 230 PARK AVE STE 3350
City-State-Zip: NEW YORK NY 10169

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

04/26/2021

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