

2024 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

Current Mailing Address:

230 PARK AVE
STE 3350
NEW YORK, NY 10169 US

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

Title TREASURER/CFO
Name KRUSE, BO
Address 230 PARK AVE
 STE 3350
City-State-Zip: NEW YORK NY 10169

Title SECRETARY
Name KRUSE, BO
Address AGERN ALL? 11
 GROUND FLOOR
City-State-Zip: 2970 H?RSHOLM

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

Title DIRECTOR
Name WEDELL-WEDELLESBORG, JOHAN
Address AGERN ALL? 11
 GROUND FLOOR
City-State-Zip: 2970 H?RSHOLM

Title DIRECTOR
Name BER, G?RARD
Address AGERN ALL? 11
 GROUND FLOOR
City-State-Zip: 2970 H?RSHOLM

Title DIRECTOR
Name TYAGI, ASHUTOSH
Address AGERN ALL? 11
 GROUND FLOOR
City-State-Zip: 2970 H?RSHOLM

Title CHAIRMAN OF THE BOARD
Name HEALY, JAMES I.
Address AGERN ALL? 11
 GROUND FLOOR
City-State-Zip: 2970 H?RSHOLM

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

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title SVP, HEAD OF TECHNICAL OPERATIONS
Name LUND-HANSEN, TORBEN
Address 230 PARK AVE
STE 3350
City-State-Zip: NEW YORK NY 10169

Title SVP, CHIEF SCIENTIFIC OFFICER
Name LISBY, STEEN
Address 230 PARK AVE
STE 3350
City-State-Zip: NEW YORK NY 10169

Title SVP, CHIEF COMMERCIAL OFFICER
Name SMITH, SUE
Address 230 PARK AVE
STE 3350
City-State-Zip: NEW YORK NY 10169

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

Title SVP, CHIEF MEDICAL OFFICER
Name RAJA, VIGNESH
Address 230 PARK AVE
STE 3350
City-State-Zip: NEW YORK NY 10169

Title SVP, COO
Name WILMS, JORIS
Address 230 PARK AVE
STE 3350
City-State-Zip: NEW YORK NY 10169