

2023 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
Mar 06, 2023
Secretary of State
6427890939CC

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

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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: BO KRUSE

SECRETARY

03/06/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 ALLE 11
 GROUND FLOOR
City-State-Zip: HORSHOLM 2970