

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90036 004 \*\*\*150.00

50008043



01102005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3553710** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DOCUMENT # F03000005885**

1. Entity Name  
**APPLIED GENETIC TECHNOLOGIES CORPORATION**



Principal Place of Business  
**12085 RESEARCH DR, STE 110  
ALACHUA, FL 32615**

Mailing Address  
**12085 RESEARCH DR, STE 110  
ALACHUA, FL 32615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent.

7. Name and Address of New Registered Agent

**WASHER, SUE  
12085 RESEARCH DR, STE 110  
ALACHUA, FL 32615**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Delete  
NAME **MUZYCZKA, NICHOLAS**  
STREET ADDRESS **P.O. BOX 100266, JHMHSC**  
CITY-ST-ZIP **GAINESVILLE, FL 32610**

TITLE **C/D** ☐ Change ☒ Addition  
NAME **Scott Koenig**  
STREET ADDRESS **1500 E Gude Drive**  
CITY-ST-ZIP **Rockville, MD 20850**

TITLE **S** ☐ Delete  
NAME **HUTCHINSON, FRED**  
STREET ADDRESS **3110 EDWARDS MILL RD., STE. 100**  
CITY-ST-ZIP **RALEIGH, NC 27612**

TITLE **D** ☐ Change ☒ Addition  
NAME **Franklin Top**  
STREET ADDRESS **One MedImmune Way**  
CITY-ST-ZIP **Gaithersburg, MD 20878**

TITLE **D** ☐ Delete  
NAME **ORONSKY, ARNOLD**  
STREET ADDRESS **2710 SAND HILL PARK, SECOND FLR.**  
CITY-ST-ZIP **MENLO PARK, CA 94025**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P/D** ☐ Delete  
NAME **WASHER, SUE**  
STREET ADDRESS **12085 RESEARCH DR, STE 110**  
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LOWE, DAVID**  
STREET ADDRESS **125 UNIVERSITY AVE.**  
CITY-ST-ZIP **PALO ALTO, CA 94301**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KONG, GARHENG**  
STREET ADDRESS **3211 SHANNON RD., STE. 610**  
CITY-ST-ZIP **DURHAM, NC 27707**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #