## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000005885

FILED Apr 15, 2009 Secretary of State

Entity Name: APPLIED GENETIC TECHNOLOGIES CORPORATION

Current Pr	incipal Place o	of Business:	New Principal Plac	New Principal Place of Business:	
11801 RESEARCH DRIVE SUITE D ALACHUA, FL 32615					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
11801 RESEARCH DRIVE SUITE D ALACHUA, FL 32615					
FEI Number: 59-3553710 FEI Number Applied For ( ) FEI Num			FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	of New Registered Agent:	
WASHER, SUE 11801 RESEARCH DRIVE SUITE D ALACHUA, FL 32615 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			İ	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E MUZYCZKA, NICI P.O. BOX 100266 GAINESVILLE, FI	S, JHMHSC	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HUTCHINSON, FR	MILL RD., STE. 100	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ORONSKY, ARNO	PARK, SECOND FLR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P/D () D WASHER, SUE 12085 RESEARC ALACHUA, FL 32		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () C LOWE, DAVID 525 UNIVERSITY PALO ALTO, CA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E KONG, GARHENG 3211 SHANNON F DURHAM, NC 27	RD., STE. 610	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN WASHER P/D 04/15/2009