2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# F04000000206

Entity Name: THE SCRIPPS RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

10550 N. TORREY PINES RD.
LA JOLLA, CA 92037

New Principal Place of Business:

Current Mailing Address:

10550 N. TORREY PINES RD.
LA JOLLA, CA 92037

New Mailing Address:

FEI Number: 33-0435954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LICKO, CAROL A ESQ
C/O HOGAN & HARTSON, LLP
1111 BRICKELL AVE. SUITE 1900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: SULLIVAN, ALICE D
Address: 10550 N. TORREY PINES RD.
City-St-Zip: LA JOLLA, CA 92037

Title: SEVP ( ) Delete
Name: BINGHAM, DOUGLAS D
Address: 10550 N. TORREY PINES RD.
City-St-Zip: LA JOLLA, CA 92037

Title: TEVP ( ) Delete
Name: LAGUARDIA, ARNOLD D
Address: 10550 N. TORREY PINES RD.
City-St-Zip: LA JOLLA, CA 92037

Title: P ( ) Delete
Name: LERNER, RICHARD A
Address: 10550 N. TORREY PINES RD.
City-St-Zip: LA JOLLA, CA 92037

Title: VP ( ) Delete
Name: WESTON, DONNA
Address: 10550 N. TORREY PINES RD.
City-St-Zip: LA JOLLA, CA 92037

Title: D ( ) Delete
Name: BEATTY, WARREN
Address: 10550 N. TORREY PINES RD.
City-St-Zip: LA JOLLA, CA 92037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SULLIVAN, ALICE D
Address: 10550 N. TORREY PINES RD.
City-St-Zip: LA JOLLA, CA 92037

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change ( ) Addition
Name: MOORES, JOHN
Address: 10550 N. TORREY PINES RD.
City-St-Zip: LA JOLLA, CA 92037

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S/ DOUGLAS BINGHAM SEVP 07/05/2006

Electronic Signature of Signing Officer or Director — Date