

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F10000004554

**FILED**  
**Oct 20, 2011**  
**Secretary of State**

**Entity Name:** BAYLOR COLLEGE OF MEDICINE, INC.

**Current Principal Place of Business:**

2450 HOLCOMBE BLVD  
ONE BAYLOR PLAZA, NAB2015  
HOUSTON, TX 77030

**New Principal Place of Business:**

**Current Mailing Address:**

2450 HOLCOMBE BLVD  
ONE BAYLOR PLAZA, NAB2015  
HOUSTON, TX 77030

**New Mailing Address:**

**FEI Number:** 74-1613878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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:** SONYA CORDELL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** KLOTMAN, PAUL E  
**Address:** 2450 HOLCOMBE BLVD, ONE BAYLOR PLZ, BCM-102  
**City-St-Zip:** HOUSTON, TX 77030

**Title:** VP  
**Name:** KUSPA, ADAM  
**Address:** 2450 HOLCOMBE BLVD, ONE BAYLOR PLZ, BCM-109  
**City-St-Zip:** HOUSTON, TX 77030

**Title:** S  
**Name:** CORRIGAN, ROBERT C  
**Address:** 2450 HOLCOMBE BLVD, ONE BAYLOR PLAZA  
**City-St-Zip:** HOUSTON, TX 77030

**Title:** T  
**Name:** DAVID, KIM C  
**Address:** 2450 HOLCOMBE BLVD, ONE BAYLOR PLAZA  
**City-St-Zip:** HOUSTON, TX 77030

**Title:** D  
**Name:** O'BRIEN, WILLIAM PHD  
**Address:** 2450 HOLCOMBE BLVD, ONE BAYLOR PLZ, NAB2015  
**City-St-Zip:** HOUSTON, TX 77030

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ROBERT C. CORRIGAN

SECY

10/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date