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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(5)

MANKIND RESEARCH FOUNDATION, INC. Principal Place of Business Mailing Address 1315 APPLE AVE. 1315 APPLE AVE. SILVER SPRING MD 20910-3307 SILVER SPRING MD 20910 3. Date Incorporated or Qualified 3a. Date of Last Report 09/04/1992 01/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zıp Country This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PRICE, JAMES C. Street Address (P.O. Box Number is Not Acceptable) 82 10305 ROYAL PALM BLVD. 83 CORAL SPRINGS FL 33065 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition SCHLEICHER, CARL 12 NAME NAME 1315 APPLE AVE. STREET ADDRESS 1.3 STREET ADDRESS SILVER SPRING MD CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition LEAVITT, WILLIAM 2.2 NAME NAME P.O. BOX 43334 N/A STREET ADDRESS 2.3 STREET ADDRESS LAS VEGAS NV CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME KHLASA, SADHU SINGH 3.2 NAME 1704 Q ST., NW 3.3 STREET ADDRESS STREET ADDRESS WASHINGTON DC 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE CABRERA, SERGIO NAME 4. 2 NAME 1704 Q ST., NW STREET ADDRESS 4.3 STREET ADDRESS WASHINGTON DC CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change ■ Addition 5.1 TITLE TITLE ONYEGBULA, ALOMA 5.2 NAME NAME 1315 APPLE AVE. STREET ADDRESS 5.3 STREET ADDRESS SILVER SPRING MD 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME WALKER, JAY 6.2 NAME

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on arrattachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2401 LATINADA CT.

CARLSBAD CA

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 22 1997 8:00am

Secretary of State

(96/6)