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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P40353** (5)

1. Corporation Name

MANKIND RESEARCH FOUNDATION, INC.

Principal Place of Business 1315 APPLE AVE. SILVER SPRING MD 20910	Mailing Address 1315 APPLE AVE. SILVER SPRING MD 20910
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3. Date Incorporated or Qualified

09/04/1992

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

25 Country 30 Country

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRICE, JAMES C.
10305 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME **SCHLEICHER, CARL**
STREET ADDRESS **1315 APPLE AVE.**
CITY-ST-ZIP **SILVER SPRING MD**

TITLE V ☐ DELETE

NAME **LEAVITT, WILLIAM**
STREET ADDRESS **P.O. BOX 43334 N/A**
CITY-ST-ZIP **LAS VEGAS NV**

TITLE S ☐ DELETE

NAME **KHLASA, SADHU SINGH**
STREET ADDRESS **1704 Q ST., NW**
CITY-ST-ZIP **WASHINGTON DC**

TITLE TD ☐ DELETE

NAME **CABRERA, SERGIO**
STREET ADDRESS **1704 Q ST., NW**
CITY-ST-ZIP **WASHINGTON DC**

TITLE D ☐ DELETE

NAME **ONYEGBULA, ALOMA**
STREET ADDRESS **1315 APPLE AVE.**
CITY-ST-ZIP **SILVER SPRING MD**

TITLE D ☐ DELETE

NAME **WALKER, JAY**
STREET ADDRESS **2401 LATINADA CT.**
CITY-ST-ZIP **CARLSBAD CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (10/97)