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Jan 22, 1999 8:00am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P40353

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/04/1992

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP  
NAME SCHLEICHER, CARL  
STREET ADDRESS 1315 APPLE AVE.  
CITY-ST-ZIP SILVER SPRING MD  
☐ DELETE

TITLE V  
NAME ALEXANDER, BRAD  
STREET ADDRESS 1315 APPLE AVE.  
CITY-ST-ZIP SILVER SPRING MD 20910  
☐ DELETE

TITLE S  
NAME KHLASA, SADHU SINGH  
STREET ADDRESS 1704 Q ST., NW  
CITY-ST-ZIP WASHINGTON DC  
☐ DELETE

TITLE TD  
NAME CABRERA, SERGIO  
STREET ADDRESS 1704 Q ST., NW  
CITY-ST-ZIP WASHINGTON DC  
☐ DELETE

TITLE D  
NAME ONYEBULA, ALOMA  
STREET ADDRESS 1315 APPLE AVE.  
CITY-ST-ZIP SILVER SPRING MD  
☐ DELETE

TITLE D  
NAME ALEXANDER, DENISE  
STREET ADDRESS 1315 APPLE AVE.  
CITY-ST-ZIP SILVER SPRING MD 20910  
☐ DELETE

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Carl Schleicher 1/6/99 301-587-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)