2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813457

Entity Name: CYSTIC FIBROSIS FOUNDATION

Current Principal Place of Business:

6931 ARLINGTON RD. SUITE 200

BETHESDA, MD 20814

Current Mailing Address:

6931 ARLINGTON RD.

SUITE 200

BETHESDA, MD 20814 US

FEI Number: 13-1930701 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US

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

FILED Apr 28, 2016

Secretary of State

CC7980938331

Officer/Director Detail:

DIRECTOR Title Title PRESIDENT & CEO

CAMPBELL III, M.D., PRESTON W DANDURAND, RICHARD L Name Name 6931 ARLINGTON ROAD, SUITE 200 Address Address 6931 ARLINGTON ROAD, SUITE 200

BETHESDA MD 20814 City-State-Zip: BETHESDA MD 20814 City-State-Zip:

Title **DIRECTOR** Title **EXEC VP AND CFO**

Name MCLOUD, CATHERINE C Name TWIGG, VERA H

6931 ARLINGTON ROAD, SUITE 200. Address 6931 ARLINGTON ROAD, SUITE 200 Address

City-State-Zip: BETHESDA MD 20814 City-State-Zip: BETHESDA MD 20814

DIRECTOR Title Title DIRECTOR

Name GRAY, ESQ, RICHARD J Name BEATTY, ESQ, MICHAEL L

Address 6931 ARLINGTON ROAD, SUITE 200 Address 6931 ARLINGTON ROAD, SUITE 200

City-State-Zip: BETHESDA MD 20814 City-State-Zip: BETHESDA MD 20814

DIRECTOR Title Title **DIRECTOR**

Name MOORE, CHAD T Name HOOK, SUSAN L

Address 6931 ARLINGTON ROAD, SUITE 200 Address 6931 ARLINGTON ROAD, SUITE 200

City-State-Zip: BETHESDA MD 20814 BETHESDA MD 20814 City-State-Zip:

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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: VERA H TWIGG

Electronic Signature of Signing Officer/Director Detail

EXEC VP & CFO

04/28/2016

Officer/Director Detail Continued:

DIRECTOR Title Title **DIRECTOR** MOUNT, DAVID A Name Name SABIN, GARY B

Address 6931 ARLINGTON ROAD, SUITE 200 Address 6931 ARLINGTON ROAD, SUITE 200

City-State-Zip: BETHESDA MD 20814 City-State-Zip: BETHESDA MD 20814

Title **DIRECTOR**

Name THAYER, CHARLES J Name SHAK, M.D., STEVEN

Address 6931 ARLINGTON ROAD, SUITE 200 Address 6931 ARLINGTON ROAD, SUITE 200

Title

DIRECTOR

City-State-Zip: BETHESDA MD 20814 City-State-Zip: BETHESDA MD 20814

Title **DIRECTOR** Title **DIRECTOR**

WHETSELL, PAUL W Name Name WEINBERG, AMY S

6931 ARLINGTON ROAD, SUITE 200 Address 6931 ARLINGTON ROAD, SUITE 200 Address

City-State-Zip: BETHESDA MD 20814 City-State-Zip: BETHESDA MD 20814

Title DIRECTOR Title DIRECTOR

Name TORPHY, PH.D., THEODORE J WHITE, KC BRYAN Name

Address 6931 ARLINGTON RD. Address 6931 ARLINGTON ROAD, SUITE 200

SUITE 200

City-State-Zip: BETHESDA MD 20814 City-State-Zip: BETHESDA MD 20814

Title **DIRECTOR** Title **DIRECTOR**

Name DEFALCO, LOUIS GRIEGO, M.D., CAROLE B Name

Address 6931 ARLINGTON RD. 6931 ARLINGTON RD. Address SUITE 200

SUITE 200

City-State-Zip: BETHESDA MD 20814 City-State-Zip: BETHESDA MD 20814

Title DIRECTOR Title DIRECTOR

OLSON, PH.D., ERIC R Name Name NIEHAUS, ROBERT H 6931 ARLINGTON RD. Address Address 6931 ARLINGTON RD. SUITE 200

SUITE 200

BETHESDA MD 20814 City-State-Zip: City-State-Zip: BETHESDA MD 20814