

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813457

FILED
Feb 08, 2022
Secretary of State
0621175948CC

Entity Name: CYSTIC FIBROSIS FOUNDATION

Current Principal Place of Business:

4550 MONTGOMERY AVE, SUITE 1100N
BETHESDA, MD 20814

Current Mailing Address:

4550 MONTGOMERY AVE, SUITE 1100N
BETHESDA, MD 20814 US

FEI Number: 13-1930701

Certificate of Status Desired: No

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

Officer/Director Detail :

Title PRESIDENT & CEO, DIRECTOR
Name BOYLE, M.D., MICHAEL P
Address 4550 MONTGOMERY AVE, SUITE
 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name MCLLOUD, CATHERINE C
Address 4550 MONTGOMERY AVE, SUITE
 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name GRAY, ESQ, RICHARD J
Address 4550 MONTGOMERY AVE, SUITE
 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name MOORE, CHAD T
Address 4550 MONTGOMERY AVE, SUITE
 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR, TREASURER
Name MOUNT, DAVID A
Address 4550 MONTGOMERY AVE, SUITE
 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name SHAK, M.D. , STEVEN
Address 4550 MONTGOMERY AVE, SUITE
 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name ELDER, TERESA
Address 4550 MONTGOMERY AVE, SUITE
 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name WHETSELL, PAUL W
Address 4550 MONTGOMERY AVE, SUITE
 1100N
City-State-Zip: BETHESDA MD 20814

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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: MICHAEL P BOYLE, M.D.

CEO

02/08/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WHITE , KC BRYAN
Address 4550 MONTGOMERY AVE, SUITE 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name GRIEGO, M.D., CAROLE B
Address 4550 MONTGOMERY AVE, SUITE 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name NIEHAUS, ROBERT H
Address 4550 MONTGOMERY AVE, SUITE 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name BOYD MD, JESSICA H.
Address 4550 MONTGOMERY AVE, SUITE 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name MOTENKO, PAUL A
Address 4550 MONTGOMERY AVE, SUITE 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name DEFALCO, LOUIS
Address 4550 MONTGOMERY AVE, SUITE 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name OLSON, PH.D., ERIC R
Address 4550 MONTGOMERY AVE, SUITE 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name WEINBERG, JOHN S.
Address 4550 MONTGOMERY AVENUE SUITE 1100N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name CARUSO, DOMINIC J
Address 4550 MONTGOMERY AVE, SUITE 1100N
City-State-Zip: BETHESDA MD 20814

Title EVP, CFAO, ASST. TREASURER
Name BARISIC, IRENA
Address 4550 MONTGOMERY AVE, SUITE 1100N
City-State-Zip: BETHESDA MD 20814