

2022 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F03000005885

Entity Name: APPLIED GENETIC TECHNOLOGIES CORPORATION**Current Principal Place of Business:**14193 NW 119TH TERRACE
SUITE 10
ALACHUA, FL 32615**Current Mailing Address:**14193 NW 119TH TERRACE
SUITE 10
ALACHUA, FL 32615 US**FEI Number:** 59-3553710**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WASHER, SUSAN B
14193 NW 119TH TERRACE
SUITE 10
ALACHUA, FL 32615 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 DIRECTOR
Name HURWITZ, ED
Address 177 WATKINS AVE
City-State-Zip: ATHERTON CA 94027Title PRESIDENT
Name WASHER, SUSAN
Address 14193 NW 119TH TERRACE
SUITE 10
City-State-Zip: ALACHUA FL 32615Title CHAIRMAN
Name KOENIG, SCOTT
Address 9640 MEDICAL CENTER DRIVE
City-State-Zip: ROCKVILLE MD 20850Title DIRECTOR
Name ALISKI, WILLIAM
Address 8 DARTMOUTH ST.
City-State-Zip: BOSTON MA 02116Title SECRETARY
Name HOPE , D'OYLEY-GAY
Address 14193 NW 119TH TERRACE
SUITE#10
City-State-Zip: ALACHUA FL 32615Title DIRECTOR
Name ROSEN, JAMES
Address 7929 SE 37TH STREET
City-State-Zip: MERCER ISLAND WA 98040Title DIRECTOR
Name VANLENT, ANNE
Address 33 GOVERNOR'S LANE
City-State-Zip: PRINCETON NJ 08540Title DIRECTOR
Name ROBINSON, JR., JAMES ANTHONY
Address 945 PRIVATE ROAD
City-State-Zip: WINNETKA IL 60093**Continues on page 2**

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN B WASHER

PRESIDENT

04/21/2022

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HASHAD, YEHIA
Address	1 KENDALL SQUARE 1400W 1400W
City-State-Zip:	CAMBRIDGE MA 02139