**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 11, 2025**
**Secretary of State**
**7555309715CC**

DOCUMENT# F09000003460

**Entity Name:** HOWARD HUGHES MEDICAL INSTITUTE CORPORATION

**Current Principal Place of Business:**

4000 JONES BRIDGE RD.
CHEVY CHASE, MD 20815

**Current Mailing Address:**

4000 JONES BRIDGE RD.
CHEVY CHASE, MD 20815 US

**FEI Number: 59-0735717**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 |
| Name | O'SHEA, ERIN K. PH.D. |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HEARD, EDITH PH.D. |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | TUTWILER, MARGARET D. |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

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|---|---|
| Title | DIRECTOR |
| Name | LAVIZZO-MOUREY,MBA MD, RISA |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

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|---|---|
| Title | DIRECTOR |
| Name | JULIUS , DAVID PH.D. |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

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|---|---|
| Title | DIRECTOR |
| Name | JACOBS, JAY |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

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|---|---|
| Title | DIRECTOR |
| Name | NURSE , PAUL M. PH.D. |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

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|---|---|
| Title | DIRECTOR |
| Name | ROSE , CLAYTON S. PH.D. |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

**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: LYNNE LOCHTE TREASURER 03/11/2025

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | SPAR , DEBORA L. PH.D. |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

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|---|---|
| Title | DIRECTOR |
| Name | LUMMIS, FRED R. |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

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|---|---|
| Title | DIRECTOR |
| Name | GOLDSTEIN , JOSEPH L. MD |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

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|---|---|
| Title | CFO, TREASURER |
| Name | LOCHTE, LYNNE |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

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|---|---|
| Title | DIRECTOR |
| Name | RICHARD , ALISON F. PH.D. |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

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|---|---|
| Title | DIRECTOR |
| Name | BARSHEFSKY ESQ., CHARLENE |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

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|---|---|
| Title | SECRETARY |
| Name | HENNING ESQ., HEIDI E. |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |

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|---|---|
| Title | DIRECTOR |
| Name | GREENE, KRISTIAN |
| Address | 4000 JONES BRIDGE RD. |
| City-State-Zip: | CHEVY CHASE MD 20815 |