2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2013
Secretary of State
CC7009983875

DOCUMENT# F12000004254

Entity Name: FOUNDATION MEDICINE, INC.

Current Principal Place of Business:

ONE KENDALL SQUARE
SUITE B3501
CAMBRIDGE, MA 02139

Current Mailing Address:

ONE KENDALL SQUARE
SUITE B3501
CAMBRIDGE, MA 02139

FEI Number: 27-1316416

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	D	Title	D
Name	BORISY, ALEXIS	Name	BYERS, BROOK
Address	ONE KENDALL SQUARE, SUITE B3501	Address	ONE KENDALL SQUARE, SUITE B3501
City-State-Zip:	CAMBRIDGE MA 02139	City-State-Zip:	CAMBRIDGE MA 02139
Title	D	Title	PD
Name	LEVIN, MARK	Name	PELLINI, MICHAEL
Address	ONE KENDALL SQUARE, SUITE B3501	Address	ONE KENDALL SQUARE, SUITE B3501
City-State-Zip:	CAMBRIDGE MA 02139	City-State-Zip:	CAMBRIDGE MA 02139
Title	T	Title	S
Name	RYAN, JASON	Name	HESSLEIN, ROBERT
Address	ONE KENDALL SQUARE, SUITE B3501	Address	ONE KENDALL SQUARE, SUITE B3501
City-State-Zip:	CAMBRIDGE MA 02139	City-State-Zip:	CAMBRIDGE MA 02139
Title	DIRECTOR	Title	DIRECTOR
Name	SCHENKEIN, DAVID	Name	YESHWANT, KRISHNA
Address	ONE KENDALL SQUARE SUITE B3501	Address	ONE KENDALL SQUARE SUITE B3501
City-State-Zip:	CAMBRIDGE MA 02139	City-State-Zip:	CAMBRIDGE MA 02139

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

SIGNATURE: ROBERT HESSLEIN SECRETARY 04/11/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	JONES, EVAN
Address	ONE KENDALL SQUARE SUITE B3501
City-State-Zip:	CAMBRIDGE MA 02139