

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000002492

**Entity Name:** AGIOS PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

88 SIDNEY STREET  
CAMBRIDGE, MA 02139

**Current Mailing Address:**

88 SIDNEY STREET  
CAMBRIDGE, MA 02139 US

**FEI Number:** 26-0662915

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           SCHENKEIN, DAVID  
Address        88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title           TREASURER  
Name           HIRSCH, ANDREW  
Address        88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title           SECRETARY  
Name           BILLER, JONATHAN  
Address        88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title           DIRECTOR  
Name           CLANCY, PAUL  
Address        88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title           DIRECTOR  
Name           CLARK, IAN  
Address        88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title           DIRECTOR  
Name           FOSTER, KAYE  
Address        88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title           CEO, DIRECTOR  
Name           FOUSE, JACQUALYN  
Address        88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title           DIRECTOR  
Name           HO, MAYKIN  
Address        88 SIDNEY STREET  
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: ANDREW HIRSCH**

**TREASURER**

**04/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MARAGANORE, JOHN  
Address        88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title           DIRECTOR  
Name           SCADDEN, DAVID  
Address        88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139