

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000002959

Entity Name: VIELA BIO, INC.

**Current Principal Place of Business:**

ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
GAITHERSBURG, MD 20878

**Current Mailing Address:**

ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
GAITHERSBURG, MD 20878 US

FEI Number: 82-4187338

Certificate of Status Desired: No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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: TERNELL KEARNEY, ASST. SECRETARY

04/23/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name NOLET, CHRIS  
Address ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title PRESIDENT/CEO  
Name YAO, PH.D, ZHENGBIN (BING)  
Address ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title CFO  
Name CHAN, MITCHELL  
Address ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title GENERAL COUNSEL  
Name KASTENMAYER, PH.D, JD, JIM  
Address ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title CHIEF MEDICAL OFFICER  
Name DRAPPA, MD, PH.D, JORN  
Address ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title VP HEAD OF COMMERCIAL  
OPERATIONS  
Name RAGATZ, WILLIAM  
Address ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title DIRECTOR  
Name CAO, YANLING  
Address ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title DIRECTOR  
Name JACQUES, RACHELLE  
Address ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

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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: JIM KASTENMAYER, PH.D, JD

SECRETARY

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WICKI, PH.D, ANDREAS  
Address ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title DIRECTOR  
Name RIVERS, PH.D, TYRELL  
Address ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title CHAIRMAN OF THE BOARD  
Name YAO, PH.D, ZHENGBIN (BING)  
Address ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title DIRECTOR  
Name HU, MBA, EDWARD  
Address ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title DIRECTOR  
Name YAO, PH.D, ZHENGBIN (BING)  
Address ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title SECRETARY  
Name KASTENMAYER, PH.D, JD, JIM  
Address ONE MEDIMMUNE WAY  
FIRST FLOOR, AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878