

2023 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

02/26/2023

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

Title DIRECTOR
Name WICKI, PH.D, ANDREAS
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

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: KASTENMAYER, PH.D, JD, JIM

SECRETARY

02/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JACQUES, RACHELLE
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