

**2020 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F19000002959

**Entity Name:** VIELA BIO, INC.

**Current Principal Place of Business:**

ONE MEDIMMUNE WAY, 1ST FLR, AREA TWO  
GAITHERSBURG, MD 20878

**Current Mailing Address:**

ONE MEDIMMUNE WAY, 1ST FLR, 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

12/17/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            YAO, ZHENGBIN BING  
Address        ONE MEDIMMUNE WAY, 1ST FLR,  
                  AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title            CFO  
Name            CHAN, MITCHELL  
Address        ONE MEDIMMUNE WAY, 1ST FLR,  
                  AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title            D  
Name            HU, EDWARD  
Address        ONE MEDIMMUNE WAY, 1ST FLR,  
                  AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title            D  
Name            JACQUES, RACHELLE  
Address        ONE MEDIMMUNE WAY, 1ST FLR,  
                  AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title            D  
Name            WICKI, ANDREAS  
Address        ONE MEDIMMUNE WAY, 1ST FLR,  
                  AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title            D  
Name            CAO, YANLING  
Address        ONE MEDIMMUNE WAY, 1ST FLR,  
                  AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

Title            SECRETARY  
Name            KASTENMAYER, JIM  
Address        ONE MEDIMMUNE WAY, 1ST FLR,  
                  AREA TWO  
City-State-Zip: GAITHERSBURG MD 20878

*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

**SECRETARY**

12/17/2020

Electronic Signature of Signing Officer/Director Detail

Date