2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# F98000005142

Entity Name: THE JOHNS HOPKINS UNIVERSITY INCORPORATED

Current Principal Place of Business:

3400 N. CHARLES STREET
BALTIMORE, MD 21218

New Principal Place of Business:

Current Mailing Address:

TAX OFFICE, STE C200
1101 EAST 33RD ST.
BALTIMORE, MD 21218

New Mailing Address:

FEI Number: 52-0595110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BRODY, WILLIAM R M.D.
Address: 3400 N. CHARLES STREET #250
City-St-Zip: BALTIMORE, MD 21218

Title: CEO ( ) Delete
Name: MILLER, EDWARD D JR M.D.
Address: 720 RUTLAND AVENUE #100
City-St-Zip: NEW YORK, NY 10029

Title: VP ( ) Delete
Name: KNAPP, STEVEN
Address: 3400 N. CHARLES STREET #265
City-St-Zip: BALTIMORE, MD 21218

Title: SRVP ( ) Delete
Name: MCGILL, JAMES T
Address: 3400 N. CHARLES STREET #262
City-St-Zip: BALTIMORE, MD 21218

Title: T ( ) Delete
Name: SNOW, WILLIAM E JR.
Address: 3400 N. CHARLES STREET #303
City-St-Zip: BALTIMORE, MD 21218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: ROOS, ARTHUR W
Address: 1101 EAST 33RD STREET, SUITE E001
City-St-Zip: BALTIMORE, MD 21218

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR W. ROOS TREA 04/18/2007

Electronic Signature of Signing Officer or Director — Date