

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000005142

**Entity Name:** THE JOHNS HOPKINS UNIVERSITY INCORPORATED**Current Principal Place of Business:**3400 N. CHARLES STREET  
BALTIMORE, MD 21218**Current Mailing Address:**TAX OFFICE N4327-B  
3910 KESWICK ROAD  
BALTIMORE, MD 21211 US**FEI Number:** 52-0595110**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	P
Name	DANIELS, RONALD J
Address	3400 N. CHARLES STREET #250
City-State-Zip:	BALTIMORE MD 21218

Title	SRVP
Name	ENNIS, DANIEL G
Address	3400 N. CHARLES STREET #249
City-State-Zip:	BALTIMORE MD 21218

Title	VP, SECRETARY TO THE BOARD
Name	MARSH, MAUREEN S. SECRETARY
Address	3400 NORTH CHARLES STREET GARLAND HALL 220
City-State-Zip:	BALTIMORE MD 21218

Title	CEO
Name	ROTHMAN, PAUL B. M.D.
Address	720 RUTLAND AVENUE #100
City-State-Zip:	BALTIMORE MD 21205

Title	VP
Name	LEWIS, THOMAS
Address	3400 N. CHARLES STREET, 113 GARLAND HALL
City-State-Zip:	BALTIMORE MD 21218

Title	VICE PRESIDENT AND GENERAL COUNSEL
Name	PINEAU, PAUL
Address	265 GARLAND HALL 3400 NORTH CHARLES STREET
City-State-Zip:	BALTIMORE MD 21218

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIEL G. ENNIS****VP OF FINANCE &  
TREASURER****03/11/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date