

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005142

1. Entity Name

THE JOHNS HOPKINS UNIVERSITY INCORPORATED

Principal Place of Business

Mailing Address

3400 N. CHARLES STREET
BALTIMORE MD 21218

3400 N. CHARLES STREET
BALTIMORE MD 21218-2608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 357 Garland Hall

Suite, Apt. #, etc.

Suite 357 Garland Hall

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0595110

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | TRST | <input type="checkbox"/> Delete |
| NAME | ABERNETHY, ROBERT J | <i>See Attached</i> |
| STREET ADDRESS | 5221 W 102ND STREET | |
| CITY-ST-ZIP | LOS ANGELES CA 90045 | |
| TITLE | TRST | <input type="checkbox"/> Delete |
| NAME | BARONDESS, JEREMIAH A DR | |
| STREET ADDRESS | 1216 FIFTH AVENUE | |
| CITY-ST-ZIP | NEW YORK NY 10029 | |
| TITLE | TRST | <input type="checkbox"/> Delete |
| NAME | BATES, ERNEST DR | |
| STREET ADDRESS | 4 EMBARCADERO CENTER - SUITE 3620 | |
| CITY-ST-ZIP | SAN FRANCISCO CA 94111-4155 | |
| TITLE | TRST | <input type="checkbox"/> Delete |
| NAME | ANGELOS, PETER G ESQ | |
| STREET ADDRESS | 100 N. CHARLES STREET - 22ND FLOOR | |
| CITY-ST-ZIP | BALTIMORE MD 21201 | |
| TITLE | TRST | <input type="checkbox"/> Delete |
| NAME | BERNSTEIN, DAVID H | |
| STREET ADDRESS | 6691 BAYMEADOW DRIVE | |
| CITY-ST-ZIP | GLEN BURNIE MD 21060 | |
| TITLE | TRST | <input type="checkbox"/> Delete |
| NAME | ARCHIBALD, JAMES K | |
| STREET ADDRESS | 1201 NEW YORK AVENUE NW - SUITE 1000 | |
| CITY-ST-ZIP | WASHINGTON DC 20005-3917 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William E. Snow, Jr., Treasurer

Date

Daytime Phone #