

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005142

1. Entity Name

The Johns Hopkins University Inc.

Principal Place of Business

Mailing Address

3400 N. Charles St.
Baltimore, MD 21218

TAX OFFICE, Suite C200
1101 EAST 33RD STREET
BALTIMORE, MD 21218

2. Principal Place of Business

3. Mailing Address

TAX OFFICE, Suite C200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1101 EAST 33RD ST.

City & State

City & State

Baltimore MD

Zip

Country

Zip

Country

21218

USA

4. FEI Number

52-0595110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324

Name

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

City

FL

Zip Code

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

see attached

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/27/01

Date

443 9978286

Daytime Phone #

CR2007 (11/00)

**The Johns Hopkins University
Officers**

FILED
01 MAY -1 PM 12:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

William R. Brody, M.D., President
Johns Hopkins University
250 Garland Hall
3400 North Charles Street
Baltimore, MD 21218

Home address:
Nichols House
Johns Hopkins University
3400 North Charles St.
Baltimore, MD 21218

**Edward D. Miller, Jr., M.D., Chief Executive Officer of Johns Hopkins Medicine and
Dean of the Medical Faculty**
Johns Hopkins University
100 Medical School Administration Building
720 Rutland Avenue
Baltimore, MD 21205

Home address:
15 Meadow Road
Baltimore, MD 21212

Steven Knapp, Provost and Senior Vice President for Academic Affairs
Johns Hopkins University
265 Garland Hall
3400 North Charles Street
Baltimore, MD 21218

Home Address:
800 Belfast Road
Sparks, MD 21152

James T. McGill, Senior Vice President for Finance and Administration
Johns Hopkins University
262 Garland Hall
3400 North Charles Street
Baltimore, MD 21218

Home Address:
7313 Bellona Avenue
Baltimore, MD 21212

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Officers

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

William E. Snow, Jr., Treasurer
Johns Hopkins University
303 Garland Hall
3400 North Charles Street
Baltimore, MD 21218

Home address:
8529 Second Ave.
Silver Spring, MD 20910

Estelle A. Fishbein, Vice President and General Counsel
Johns Hopkins University
113 Garland Hall
3400 North Charles Street
Baltimore, MD 21218

Home address:
1012 Fallscroft Way
Lutherville, MD 21093

**Jerome D. Schnydmann, Secretary to the Board of Trustees and
Executive Assistant to the President**
Johns Hopkins University
242 Garland Hall
3400 North Charles Street
Baltimore, MD 21218

Home address:
8234 Streamwood Drive
Baltimore, MD 21208

Robert R. Lindgren, Vice President for Development and Alumni Relations
Johns Hopkins University
223 Garland Hall
3400 North Charles Street
Baltimore, MD 21218

Home address:
217 Wendover Road
Baltimore, MD 21218

Audrey Smith, Vice President for Human Resources
Johns Hopkins University
617 N. Wyman Park Building
Baltimore, MD 21218

Home address:
6164 Llanfair Drive
Columbia, MD 21044

3/27/2000