

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90165 016 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F 98000005142**

1. Entity Name

THE JOHNS HOPKINS UNIVERSITY INC**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3400 North Charles Street

Suite, Apt. #, etc.

3. Mailing Address

TAX OFFICE SUITE C200

Suite, Apt. #, etc.

1101 East 33rd Street

City & State

Balto, MD

City & State

Balto, MD

4. FEI Number

52-0595110

Applied For

Not Applicable

Zip

21218

Country

Balto City

Zip

21218

Country

Balto City5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name:

CT. CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND RD

City

PLANTATION

FL

Zip Code

33324

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

FEE IS \$61.25
Initial or Amended UBR9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**See Attached List**TITLE
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CITY- ST- ZIPTITLE
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STREET ADDRESS
CITY- ST- ZIP**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (443) 997-3722

Date

Daytime Phone #

CR2E037B (12/01)

Attachment
91003.

**The Johns Hopkins University
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#F9800005742

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*Attachment
9/003*

#F98000005742

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Revised: 8/30/01

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