


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000005142		
1. Entity Name THE JOHNS HOPKINS UNIVERSITY INCORPORATED		

Principal Place of Business 3400 N. CHARLES STREET BALTIMORE, MD 21218	Mailing Address TAX OFFICE, STE C200 1101 EAST 33RD ST. BALTIMORE, MD 21218
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03292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 52-0595110	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRODY, WILLIAM R M.D. 3400 N. CHARLES STREET #250 BALTIMORE, MD 21218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MILLER, EDWARD D JR M.D. 720 RUTLAND AVENUE #100 NEW YORK, NY 10029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KNAPP, STEVEN 3400 N. CHARLES STREET #265 BALTIMORE, MD 21218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP MCGILL, JAMES T 3400 N. CHARLES STREET #262 BALTIMORE, MD 21218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SNOW, WILLIAM E JR. 3400 N. CHARLES STREET #303 BALTIMORE, MD 21218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  3/29/05 (443) 997-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #