

1.) CORPORATION NAME:

SAMUELI INSTITUTE FOR INFORMATION BIOLOGY

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WAYNE B JONAS
1737 KING ST STE 600
ALEXANDRIA, VA 22314**

SCC ID NO: **F1521147**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1737 KING STREET, STE 600

CITY/ST/ZIP: ALEXANDRIA, VA 22314

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL SCHULMAN	
TITLE:	DIRECTOR	
ADDRESS:	2101 EAST PACIFIC COAST HWY STE 300	
CITY/ST/ZIP/CO:	CORONA DEL MAR, CA 92625	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WAYNE B JONAS, MD	
TITLE:	CEO/DIR	
ADDRESS:	1737 KING STREET #600	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GAIL C CHRISTOPHER	
TITLE:	DIRECTOR	
ADDRESS:	1737 KING ST #600	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM A READ	
TITLE:	DIRECTOR	
ADDRESS:	1737 KING ST #600	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SUSAN FAYE SAMUELI	
TITLE:	CHAIRMAN	
ADDRESS:	2101 EAST PACIFIC COAST HWY STE 300	
CITY/ST/ZIP/CO:	CORONA DEL MAR, CA 92625	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HENRY SAMUELI	
TITLE:	DIRECTOR	
ADDRESS:	2101 E PACIFIC COAST HWY #300	
CITY/ST/ZIP/CO:	CORONA DEL MAR, CA 92625	

NAME: PAUL E FUNK TITLE: DIRECTOR ADDRESS: 1737 KING ST #600 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HECTOR RODRIGUEZ TITLE: DIRECTOR ADDRESS: 1737 KING ST #600 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RUTH WESTREICH TITLE: DIRECTOR ADDRESS: 1737 KING ST #600 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOAN WALTER TITLE: CHF OPTNG OFFCR ADDRESS: 1737 KING ST #600 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ MICHAEL SCHULMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL SCHULMAN, DIRECTOR PRINTED NAME AND CORPORATE TITLE	7/10/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		