

1.) CORPORATION NAME:

**SAMUELI INSTITUTE FOR INFORMATION BIOLOGY**

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

NAME: WAYNE B JONAS, MD TITLE: CEO/DIR ADDRESS: 1737 KING STREET #600 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" 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
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: 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: HENRY SAMUELI TITLE: DIRECTOR ADDRESS: 2101 E PACIFIC COAST HWY #300 CITY/ST/ZIP/CO: CORONA DEL MAR, CA 92625	<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 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: KATHRYN E JOHNSON TITLE: DIRECTOR ADDRESS: 1737 KING ST #600 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" 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/ WAYNE B JONAS, MD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WAYNE B JONAS, MD, CEO/DIR PRINTED NAME AND CORPORATE TITLE	6/16/2014 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.		