

1.) CORPORATION NAME:

**Sarepta Therapeutics, Inc.**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1932575**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000
PREFER	3,333,333

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 215 FIRST STREET STE 415

CITY/ST/ZIP: CAMBRIDGE, MA 02142

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:	CHRISTOPHER GARABEDIAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES CEO		
ADDRESS:	215 FIRST ST STE 415		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02142		
NAME:	SANDESH MAHATME	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	215 FIRST STREET		
CITY/ST/ZIP/CO:	STE 415 CAMBRIDGE, MA 02142		
NAME:	DAVID TYRONNE HOWTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	215 FIRST ST STE 415		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02142		
NAME:	M KATHLEEN BEHRENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	215 FIRST ST STE 415		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02142		
NAME:	ANTHONY CHASE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	215 FIRST STREET STE 415		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02142		
NAME:	CHRISTOPHER GARABEDIAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	215 FIRST ST STE 415		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02142		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM GOOLSBEE DIRECTOR 215 FIRST STREET SUITE 415 CAMBRIDGE, MA 02142	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C. HODGMAN DIRECTOR 215 FIRST STREET SUITE 415 CAMBRIDGE, MA 02142	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GIL PRICE DIRECTOR 215 FIRST STREET SUITE 415 CAMBRIDGE, MA 02142	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HANS WIGZELL DIRECTOR 215 FIRST STREET SUITE 415 CAMBRIDGE, MA 02142	<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/ DAVID TYRONNE HOWTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID TYRONNE HOWTON, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/1/2014 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.			