



District of Columbia Government

Corporations Division

Foreign Registration Statement Form FN-1, Ver. 5, September 2023

Use this form to register your foreign filing entity to conduct business in the District of Columbia. Review instruction sheet on page 2 before completing this form.

ENTITY TYPE / AUTHORITY	FILING FEE
Foreign Filing Entity: § 29-105.03. & 29-102.01	Refer to Corporate Fee Schedule posted online;

Under the provisions of the Title 29 of D.C. Code (Business Organizations Act), the foreign filing entity listed below hereby applies for a Certificate of Registration to transact business in the District of Columbia, and for that purpose submits the statement below.

1. Entity Name

BIOLOGIC DESIGN, INC.

2. Entity Type

CORPORATION

3. Entity's Alternate Name (if true legal name is not available)

4. Organized under the laws of which state/province and country

DELAWARE

5. Date of Organization

7/19/2018

6. Date entity started or will start transacting business in the District of Columbia

UPON FILING

7. Principal Address

1 Broadway, 14th Floor, Cambridge MA 02142

8. Registered Agent's name, address and email of registered office in District of Columbia

Corporate Creations Network Inc. 1629 K Street, NW, #300 Washington, DC 20006 agentservice@interstatefilings.com

9. Briefly describe the proposed activity company will transact in the District of Columbia

To develop and commercialize innovative biotechnology solutions, including the design, development, and commercialization of next-generation antibodies, for the treatment of various diseases in multiple therapeutic areas.

10. State the names and addresses of each person (member, manager, officer, director, shareholder, partner, trustee, etc.) that has interest or control over this entity (review instruction sheet for more information)

**Yanay Ofran
Hamada 12
Rehovot, Israel**

11. Attach an original Certificate of Good Standing (Certificate of Existence) from Registration Authority in the State/Province/Country of Incorporation that is not over 90 days old

If you sign this form you agree that anyone who makes a false statement can be punished by criminal penalties of a fine up to \$1000, imprisonment up to 180 days, or both, under DCOC § 22-2405;

12. Name of the Governor or Authorized Person

Yanay Ofran

12A. Signature of the Governor or Authorized Person & Date

/S/ Yanay Ofran

Mail all forms and required payment to:

Department of Licensing and Consumer Protection
Corporations Division
PO Box 712300
Philadelphia, PA 19171-2300
Phone: (202) 442-4432

Many corporate filings are available online.

Go to our CorpOnline site at <https://corponline.dlcp.dc.gov> and sign in with Access DC to proceed.

Online filings are paid by credit card.