

# State of New Hampshire

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William M. Gardner  
Secretary of State

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Use black print or type.

Form 40  
RSA 293-A:15.03

## APPLICATION FOR CERTIFICATE OF AUTHORITY FOR PROFIT FOREIGN CORPORATION

PURSUANT TO THE PROVISIONS of the New Hampshire Business Corporation Act, the undersigned corporation hereby applies for a certificate of authority to transact business in New Hampshire and for that purpose submits the following statement:

FIRST: The name of the corporation is PAXVAX, INC.

SECOND: The name which it elects to use in New Hampshire is \_\_\_\_\_

THIRD: It is incorporated under the laws of DELAWARE

FOURTH: The date of its incorporation is May 3, 2006 and the period of its duration is PERPETUAL

FIFTH: The complete address (including zip code and post office box, if any) of its principal office is 900 VETERANS BLVD., SUITE 500 REDWOOD CITY, CA 94063

SIXTH: The name of its registered agent IN NEW HAMPSHIRE is CT CORPORATION SYSTEM and the complete address (including zip code and post office box, if any) of its registered office IN NEW HAMPSHIRE is (agent's business address) 9 CAPITOL STREET, CONCORD, NH 03301

SEVENTH: The sale or offer for sale of any ownership interests in this business will comply with the requirements of the New Hampshire Uniform Securities Act (RSA 421-B).

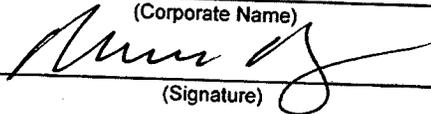
EIGHTH: The principal purpose or purposes which it proposes to pursue in the transaction of business in New Hampshire are MARKET FDA APPROVED BIOLOGICAL VACCINES



NINTH: The names and usual business addresses of its current officers and directors are: (If there are additional officers or directors, attach additional sheet OR if the laws of the state of incorporation do not require directors, indicate below.)

<u>Name</u>	<u>Title</u>	<u>Address</u>
<b><u>OFFICERS</u></b>		
<u>PLEASE SEE ATTACHED LISTING</u>	<u>OF CORPORATE</u>	<u>OFFICERS AND DIRECTORS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b><u>DIRECTORS</u></b>		
<u>See attached</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
**PAXVAX, INC.**  
 (Corporate Name)

\_\_\_\_\_  
  
 (Signature)

\_\_\_\_\_  
**MARK MELTZ**  
 (Print or type name)

\_\_\_\_\_  
**EXEC. VP & CHIEF LEGAL OFFICER**  
 (Title)

Date signed: 5 March 2015

To receive your ANNUAL REPORT REMINDER NOTICE by email, please enter your email address here:  
tkoncz@paxvax.com

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

Mail fees, DATED AND SIGNED ORIGINAL AND FORM SRA to: Corporation Division, Department of State, 107 North Main Street, Concord, NH 03301-4989. Physical location: 25 Capitol Street, 3<sup>rd</sup> Floor, Concord, NH 03301.

**PaxVax, Inc.**  
900 Veterans Boulevard, Suite 500  
Redwood City, CA 94063

**Directors**

**Name**

Dr. Rennie Coit  
James Connolly  
Nima Farzan  
Kenneth Kelley  
Howard Rosen  
Phillip Russell  
Richard Tong

**Address**

900 Veterans Boulevard, Suite 500, Redwood City, CA 94063  
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**Officers**

**Name**

Kenneth Kelley

Nima Farzan

Jon Anderson

Mark Meltz

Marc Gurwith

Jonathan Smith

**Office**

Chairman, Chief Executive Officer and  
Secretary

President and Chief Operating Officer

Chief Financial Officer

Executive Vice President and Chief  
Legal Officer

Executive Vice President and Chief  
Medical Officer

Executive Vice President and Chief  
Scientific Officer

**Address**

900 Veterans Boulevard, Suite 500,  
Redwood City, CA 94063

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAXVAX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D. 2015.

4151342 8300

150309728

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2178386

DATE: 03-09-15

**Form SRA – Addendum to Business Organization and Registration Forms  
Statement of Compliance with New Hampshire Securities Laws**

**Part I – Business Identification and Contact Information**

Business Name: PAXVAX, INC.

Business Address (include city, state, zip): 900 VETERANS BLVD., SUITE 500 REDWOOD CITY, CA 94063

Telephone Number: (800) 533-5899 E-mail: tkoncz@paxvax.com

Contact Person: TIBOR J. KONXZ

Contact Person Address (if different): 9600 NW 25th. STREET, SUITE 6F MIAMI, FL 33172

**Part II – Check ONE of the following items in Part II. If more than one item is checked, the form will be rejected. [PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. However, you must insure that your business meets all of the requirements spelled out in A), B), and C):**

1.  Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets ALL of the following three requirements:
  - A) This business has **10 or fewer owners**; and
  - B) Advertising *relating to the sale of ownership interests* has not been circulated; and
  - C) Sales of ownership interests – if any – will be **completed within 60 days** of the formation of this business.
2.  This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - \_\_\_\_\_
3.  This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - \_\_\_\_\_
4.  This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.

**Part III – Check ONE of the following items in Part III:**

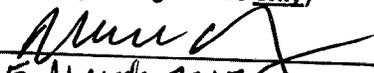
1.  This business *is not being* formed in New Hampshire.
2.  This business *is* being formed in New Hampshire and the registration document states that any sale or offer for sale of ownership interests in the business will comply with the requirements of the New Hampshire Uniform Securities Act.

**Part IV – Certification of Accuracy**

(NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)

I (We) certify that the information provided in this form is true and complete. (Original signatures only)

Name (print): MARK MELTZ

Signature: 

Date signed: 5 March 2015

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_