


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90075 003 \*\*\*150.00

**DOCUMENT # F06000006535**

1. Entity Name  
**CRUCELL VACCINES INC.**



Principal Place of Business  
**4216 PONCE DE LEON BLVD.  
 CORAL GABLES, FL 33146**

Mailing Address  
**4216 PONCE DE LEON BLVD.  
 CORAL GABLES, FL 33146**

**DO NOT WRITE IN THIS SPACE**



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-5638827**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS ST.  
 TALLAHASSEE, FL 32301**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BYUS, RONALD H.P. ARCHIME DESWAG 4, 2333 CN LEIDEN THE NETHERLANDS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUIMER, LEONARD ARCHIME DESWAY4, 2333 CN LEIDEN THE NETHERLANDS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLAAS, REINDER ARCHIME DESWEG 4, 2333 CN LEIDEN THE NETHERLANDS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURAI, ANDRES JR. 4216 PONCE DE LEON BLVD. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **3/04/2008** **305-4493-2900**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #