


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90133 035 \*\*\*150.00

**DOCUMENT # P07736**

1. Entity Name  
**SANOFI PASTEUR INC.**



Principal Place of Business      Mailing Address  
**DISCOVERY DRIVE**      **DISCOVERY DRIVE**  
**SWIFTWATER, PA 18370-7187**      **SWIFTWATER, PA 18370-7187**

40082150

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04072008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**98-0033013**      Not Applicable

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



**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD BRAGA, DAMIAN DISCOVERY DRIVE SWIFTWATER, PA 18370 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, DAVID J. DISCOVERY DR SWIFTWATER, PA 183700187 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DEWRLDE, MICHEL I DISCOVERY DRIVE SWIFTWATER, PA 18370 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVDP PISANO, WAYNE F DISCOVERY DRIVE SWIFTWATER, PA 18370 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT MONACELLI, MARY ELLEN DISCOVERY CRIVE SWIFTWATER, PA 18370 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CLEARY, TIMOTHY B DISCOVERY DRIVE SWIFTWATER, PA 18370 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President/Treasurer Frank A. Epitano Discovery Drive Swiftwater, PA 18370 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Charles S. Montgomery Discovery Drive Swiftwater, PA 18370 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President William Reed Discovery Drive Swiftwater, PA 18370 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Dale Parisi Discovery Drive Swiftwater, PA 18370 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Dominique Carouge Discovery Drive Swiftwater, PA 18370 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	     <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Mary Ellen Monacelli      Mary Ellen Monacelli      4/10/08      (570)839-6136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #