

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90027 036 ***150.00

DOCUMENT # P36521

1. Entity Name
 (formerly) **MedImmune Oncology, Inc.**
U.S. BIOSCIENCE, INC.

Principal Place of Business ONE TOWER BRIDGE 100 FRONT STREET WEST CONSHOHOCKEN PA 19428	Mailing Address ONE TOWER BRIDGE 100 FRONT STREET WEST CONSHOHOCKEN PA 19428-2800
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 23-2460100	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Delete SCHEIN, PHILIP 100 FRONT ST W CONSHOHOCKEN PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input checked="" type="checkbox"/> Delete KRIEBEL, ROBERT 100 FRONT STREET W. CONSHOHOCKEN PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MCMASTER, DOUGLAS 100 FRONT STREET WEST CONSHOHOCKEN PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Delete MISHER, ALLEN 100 FRONT STREET W. CONSHOHOCKEN PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WRIGHT, BETTY 100 FRONT ST W. CONSHOHOCKEN PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CAPIZZI, ROBERT 100 FRONT STREET W. CONSHOHOCKEN PA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wayne T. Hockmeyer, Ph.D. 35 West Watkins Mill Road Gaithersburg, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Melvin D. Booth 35 West Watkins Mill Road Gaithersburg, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David Mott 35 West Watkins Mill Road Gaithersburg, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr.VP, Clinical Development <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wolfgang Oster, M.D. One Tower Bridge, 100 Front Street West Conshohocken, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, General Counsel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wendy Nagy, Esq. One Tower Bridge, 100 Front Street West Conshohocken, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, HR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition H. Charles Ford One Tower Bridge, 100 Front Street West Conshohocken, PA 19428

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy Nagy **REQUIRED** April 14, 2000 610 832 4558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

attach.
Code 0015
#P36521

Name and Address of Other Officers

Wayne T. Hockmeyer, Ph.D.
Chairman of Board & CEO
35 West Watkins Mill Road
Gaithersburg, MD

James F. Young, Ph.D.
Executive Vice President, Research and Development
35 West Watkins Mill Road
Gaithersburg, MD

Armando Anido
Senior Vice President, Sales and Marketing
35 West Watkins Mill Road
Gaithersburg, MD

Bogdan Dziurzynski
Senior Vice President, Regulatory Affairs and Quality Assurance
35 West Watkins Mill Road
Gaithersburg, MD

Jayne L. Korolkoff
Vice President, Finance and Administration
35 West Watkins Mill Road
Gaithersburg, MD

Timothy R. Pearson
Vice President, Assistant Treasurer
35 West Watkins Mill Road
Gaithersburg, MD