


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90020 005 ***150.00

DOCUMENT # P36521
 1. Entity Name
MEDIMMUNE ONCOLOGY, INC.



Principal Place of Business Mailing Address
35 W WATKINS MILL ROAD **35 W WATKINS MILL ROAD**
GAITHERSBURG, MD 20878 **GAITHERSBURG, MD 20878**

54033846

2. Principal Place of Business 3. Mailing Address
One Medimmune Way **One Medimmune Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03102004 Chg-P CR2E034 (10/03)

City & State City & State
Gaithersburg, MD **Gaithersburg, MD**
 Zip Country Zip Country
20878 **Montgomery** **20878** **Montgomery**

4. FEI Number Applied For
23-2460100 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MOTT, DAVID 35 WEST WATKINS MILL RD. GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Medimmune Way Gaithersburg, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOOTH, MELVIN D 35 WEST WATKINS MILL RD. GAITHERSBURG, MD 20878 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PATRICK, GREGORY 35 W WATKINS MILL RD. GAITHERSBURG, MD 20878 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO, V.P. & Controller Zoth, Lota One Medimmune Way Gaithersburg, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPM ARMANDO, ANIDO 35 W WATKINS MILL ROAD GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Medimmune Way Gaithersburg, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVMD TOP, FRANKLIN H. 35 WEST WATKINS MILL ROAD GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Medimmune way Gaithersburg, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS PEARSON, TIM 35 WEST WATKINS MILL ROAD GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Medimmune Way Gaithersburg, MD 20878

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3/30/04** **301-398-0000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #