


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90172 044 \*\*\*150.00


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



Principal Place of Business <b>ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878</b>	Mailing Address <b>ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



04222005 Chg-P CR2E034 (10/03)

4. FEI Number <b>23-2460100</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	CEOD MOTT, DAVID ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOC ZOTH, LOTA ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPM ARMANDO, ANIDO ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVMD TOP, FRANKLIN H ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS PEARSON, TIM ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Atul, Saran One Medimmune Way Gaithersburg, MD 20878 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.F.O & Director (Zoth) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Gen. Counsel, Secretary, Dir William C. Bertrand, Jr. One Medimmune Way Gaithersburg, MD 20878 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV.P, Chief Medical Officer Edward M. Connor One Medimmune Way Gaithersburg, MD 20878 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Finance and Treasurer (Pearson) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, R+D James F. Young One Medimmune Way Gaithersburg, MD 20878 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Timothy Pearson* 4/27/05 (301) 398-0000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #