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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

. C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE CRUCELL BIOLOGICS, INC.

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CT CORPORATION

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PAGE 01/03

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:		
•	Name of Con	poration
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DOCUMENT NU		
:	ement of Change of Registered Office/A	
Please return all co	orrespondence concerning this matter to	the following:
	Name of Contact Person	
:	Firm/Com	pany
•		•
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	Addres	5
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	City/State and I	Zip Code
:	JJackso4@ITS.JNJ.com	
. : : -	E-mail address: (to be used for futu	re annual report notification)
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or further informs	ation concerning this matter, please call	:
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. Nar	ne of Contact Person	at () Area Code & Daytime Telephone Numl
•	me of Contact Person O check made payable to the Departme	Area Code & Daytime Telephone Numi
•	me of Contact Person O check made payable to the Departme	Area Code & Daytime Telephone Number of State. Street Address:
•	ne of Contact Person O check made payable to the Departme Mailing Address: Amendment Section	Area Code & Daytims Telephone Number of State. Street Address: Amendment Section
•	ne of Contact Person O check made payable to the Departme Mailing Address: Amendment Section Division of Corporations	Area Code & Daytime Telephone Number of State. Street Address:
•	ne of Contact Person O check made payable to the Departme Mailing Address: Amendment Section	Area Code & Daytims Telephone Number of State. Street Address: Amendment Section Division of Corporations
•	me of Contact Person O check made payable to the Departme Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Area Code & Daytime Telephone Number of State. Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
•	me of Contact Person O check made payable to the Departme Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Area Code & Daytime Telephone Number of State. Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
Inclosed is a \$35.0	me of Contact Person O check made payable to the Departme Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Area Code & Daytime Telephone Number of State. Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in or	f change is submitted for a corporation organized under the laws of the order to change its registered office or registered agent, or both, in the office of the corporation:	se State of Florida,	
1. The name o	ipal office address: 4216 Ponce De Leon Blvd., Coral Gables, FL 33146	5	
2. The princip	•		
3. The mailing	ng address (if different):		
4. Date of inco	corporation/qualification: 10/23/2006 Document number	F06000006697	
	and street address of the current registered agent and registered offic epartment of State; (If resigned, enter resigned)	e on file with the	
	Corporation Service Company	and the state of t	
	1201 Hays Street	- S	
• •	Tallahassec, PL 32301 US		
6. The name as (if changed)	and street address of the new registered agent (if changed) and for re	gistered office	
	C T Corporation System		
44 1	c/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT acceptable		
	Plantation, Florida 33324	**************************************	
The street add as changed wi	ddress of its registered office and the street address of the business will be identical.	office of its registered agent,	
	was authorized by resolution duly adopted by its board of directo y the board, or the corporation has been notified in writing of the c		
Urel	Michael J. Mall	kowski, Vice-President	
Signa		od carne and title	
I hereby accept I further agree of my duties, a document is be corporation ha	ept the appointment as registered agent and agree to act in this ca se to comply with the provisions of all statutes relative to the prop and I am familiar with and accept the obligation of my position a being filed merely to reflect a change in the registered office addr has been notified in writing of this change.	er and complete performance is registered agent. Or, if this ess, I hereby confirm that the	
By: V CT	CT Corporation System	18/2012	
	Beginner of the period from	ate	
If signing on b	behalf of an entity:		
	Kristin Bolden		
	Typed or Printed Name		
* * * FILING FEE: \$35.00 * * *			
N CR2E045 (8/05)	Make checks payable to Florida Department of Mail to: Division of Corporations, P.O. Box 6327, Tallah b)	State Assee, FL 32314	

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CT CORPORATION

PLOUG - 07/23/2009 C T \$yelson Online