

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000011588

**Entity Name:** IMCLONE SYSTEMS LLC

**Current Principal Place of Business:**

33 IMCLONE DRIVE  
BRANCHBURG, NJ 08876

**Current Mailing Address:**

33 IMCLONE DRIVE  
BRANCHBURG, NJ 08876 US

**FEI Number: 26-3831943**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRP  
Name JOHNSON, PHILIP  
Address 33 IMCLONE DRIVE  
City-State-Zip: BRANCHBURG NJ 08876

Title AS  
Name CONWAY, ERIN  
Address 33 IMCLONE DRIVE  
City-State-Zip: BRANCHBURG NJ 08876

Title MGR  
Name MONTARCE, LUCAS  
Address 33 IMCLONE DRIVE  
City-State-Zip: BRANCHBURG NJ 08876

Title S  
Name BENITEZ, JOHN  
Address 33 IMCLONE DRIVE  
City-State-Zip: BRANCHBURG NJ 08876

Title VPT  
Name PAZ, ROBERT  
Address 33 IMCLONE DRIVE  
City-State-Zip: BRANCHBURG NJ 08876

Title VP  
Name PLOWMAN, GREGORY  
Address 33 IMCLONE DRIVE  
City-State-Zip: BRANCHBURG NJ 08876

Title VP  
Name CLARK, NELLIE  
Address 33 IMCLONE DRIVE  
City-State-Zip: BRANCHBURG NJ 08876

Title VP  
Name PATEL, ANKIT  
Address 33 IMCLONE DRIVE  
City-State-Zip: BRANCHBURG NJ 08876

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ERIN CONWAY**

**ASSISTANT SECRETARY 07/15/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date