

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005354

Entity Name: BIOGEN U.S. CORPORATION**Current Principal Place of Business:**225 BINNEY ST.
CAMBRIDGE, MA 02142**Current Mailing Address:**225 BINNEY ST.
CAMBRIDGE, MA 02142 US**FEI Number:** 04-3580942**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED AGENT GROUP INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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**Officer/Director Detail :**

Title DIRECTOR, VICE PRESIDENT,
TREASURER
Name DAMBACH, MICHAEL
Address 225 BINNEY STREET
City-State-Zip: CAMBRIDGE MA 02142

Title ASST. SECRETARY
Name MURRAY , SUZANNE
Address 225 BINNEY STREET
City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR, PRESIDENT
Name KRAMER , ROBIN
Address 225 BINNEY STREET
City-State-Zip: CAMBRIDGE MA 02142

Title ASST. TREASURER
Name BARRY , PAMELA
Address 225 BINNEY STREET
City-State-Zip: CAMBRIDGE MA 02142

Title SECRETARY
Name EDMONDSON, F. TY
Address 225 BINNEY STREET
City-State-Zip: CAMBRIDGE MA 02142

Title CEO
Name VOUNATSOS , MICHEL
Address 225 BINNEY STREET
City-State-Zip: CAMBRIDGE MA 02142

Title SVP
Name ALAIMO , ALISHA
Address 225 BINNEY STREET
City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR, VP
Name CARRUTHERS, FEARGHAS
Address 225 BINNEY STREET
City-State-Zip: CAMBRIDGE MA 02142

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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 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 above, or on an attachment with all other like empowered.

SIGNATURE: PRATT , KRISTASECRETARY, BY JON-
MICHAEL SANCHEZ,
ATTORNEY-IN-FACT

04/14/2021

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	ASSISTANT SECRETARY
Name	PRATT, KRISTA
Address	225 BINNEY STREET
City-State-Zip:	CAMBRIDGE MA 02142