

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003622

Entity Name: REGENERON PHARMACEUTICALS, INC.**Current Principal Place of Business:**777 OLD SAW MILL RIVER ROAD
TARRYTOWN, NY 10591**Current Mailing Address:**777 OLD SAW MILL RIVER ROAD
TARRYTOWN, NY 10591 US**FEI Number: 13-3444607****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name SCHLIEFER, LEONARD S
Address 777 OLD SAW MILL RIVER ROAD
City-State-Zip: TARRYTOWN NY 10591

Title VP
Name LEVINE, BETH
Address 777 OLD SAW MILL RIVER ROAD
City-State-Zip: TARRYTOWN NY 10591

Title SECRETARY
Name LAROSA, JOSEPH
Address 777 OLD SAW MILL RIVER ROAD
City-State-Zip: TARRYTOWN NY 10591

Title DIRECTOR
Name BAKER, CHARLES A
Address 777 OLD SAW MILL RIVER ROAD
City-State-Zip: TARRYTOWN NY 10591

Title DIRECTOR
Name BROWN, MICHAEL S
Address 777 OLD SAW MILL RIVER ROAD
City-State-Zip: TARRYTOWN NY 10591

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: BETH LEVINE**VP****04/09/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date