

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07736

**FILED  
Apr 20, 2016  
Secretary of State  
CC4104355115**

**Entity Name:** SANOFI PASTEUR INC.

**Current Principal Place of Business:**

DISCOVERY DRIVE  
ATTN: TAX DEPARTMENT  
SWIFTWATER, PA 18370

**Current Mailing Address:**

DISCOVERY DRIVE  
ATTN: TAX DEPARTMENT  
SWIFTWATER, PA 18370 US

**FEI Number:** 98-0033013

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S. 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            HOOVER, CHAD  
Address        DISCOVERY DRIVE  
City-State-Zip: SWIFTWATER PA 18370

Title            VP, TREASURER, DIRECTOR  
Name            EPIFANO, FRANK A  
Address        DISCOVERY DRIVE  
City-State-Zip: SWIFTWATER PA 18370

Title            ASST. TREASURER  
Name            MONACELLI, MARY ELLEN  
Address        DISCOVERY DRIVE  
City-State-Zip: SWIFTWATER PA 18370

Title            VP, ASSISTANT SECRETARY  
Name            CLEARY, TIMOTHY B  
Address        DISCOVERY DRIVE  
City-State-Zip: SWIFTWATER PA 18370

Title            SECRETARY  
Name            GHIGNONE, THOMAS  
Address        DISCOVERY DRIVE  
City-State-Zip: SWIFTWATER PA 18370

Title            ASSISTANT SECRETARY  
Name            DELUCA, LISA  
Address        DISCOVERY DRIVE  
City-State-Zip: SWIFTWATER PA 18370

Title            VP  
Name            CHASSANT, FRANCK  
Address        DISCOVERY DRIVE  
City-State-Zip: SWIFTWATER PA 18370

Title            DIRECTOR  
Name            HOSBACH, PHILIP  
Address        DISCOVERY DRIVE  
City-State-Zip: SWIFTWATER PA 18370

**Continues on page 2**

*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:** MARY ELLEN MONACELLI

**ASSISTANT TREASURER    04/20/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name HACKWORTH, PAUL  
Address DISCOVERY DRIVE  
City-State-Zip: SWIFTWATER PA 18370