

FO1000005487

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

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REGISTERED AGENT CHANGE

AMGEN USA INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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7/30/08
P. O.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMGEN USA INC.
2. The principal office address: One Amgen Center Dr. Thousand Oaks, CA 91320-1799
3. The mailing address (if different): Tax Department, PO BOX 19027 Newbury Park, CA 91319-9027
4. Date of incorporation/qualification: 10/16/2001 Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM

c/o CT Corporation System, 1200 South Pine Island Road

Plantation, FL 33327

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the Board or the Corporation has been notified in writing of the change.

(Signature of an officer or director)

Mark Daniels Vice President Law

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: (Signature)

(Signature of Registered Agent)

7/24/2008

(Date)

If signing on behalf of an entity:

Gabriel Hughes, Assistant Secretary

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2B045 (8/05)

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