2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004621

Entity Name: IMMUNEX CORPORATION

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O AMGEN INC M.S 91-2-0 ONE AMGEN CENTER DR. THOUSAND OAKS, CA 91320 ONE AMGEN CENTER DR THOUSAND OAKS, CA 91320

New Mailing Address:

FEI Number Not Applicable ()

Current Mailing Address:

P.O. BOX 19027

% AMGEN INC P.O. BOX 19027 NEWBURY PARK, CA 913199027 US

FEI Number Applied For ()

NEWBURY PARK, CA 913199027 US

Certificate of Status Desired ()

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

NATIONAL REGISTERED AGENTS, INC. 2731 EXECUTIVE PARK DRIVE

SUITE 4

WESTIN, FL 33331 US

FEI Number: 26-0014514

2731 EXECUTIVE PARK DRIVE SUITE 4

NATIONAL REGISTERED AGENTS, INC.

WESTON, FL 33331 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: 04/28/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD () Delete PERLMUTTER, ROGER Name: ONE AMGEN DR. Address:

City-St-Zip: THOUSAND OAKS, CA 91320

Title: () Delete Name: MILETICH, JOSEPH P ONE AMGEN DR. Address:

THOUSAND OAKS, CA 91320 City-St-Zip:

Title: SD () Delete SCOTT, DAVID J Name: ONE AMGEN DR. Address:

City-St-Zip: THOUSAND OAKS, CA 91320

Title: VC () Delete DERE, WILLARD H Name: Address: ONE AMGEN DR.

City-St-Zip: THOUSAND OAKS, CA 91320

Title: VD () Delete NANULA, RICHARD D Name: ONE AMGEN DR. Address:

City-St-Zip: THOUSAND OAKS, CA 91320

Title: ATO () Delete HULL, SUZANNE Name: ONE AMGEN CENTER DRIVE Address: City-St-Zip: THOUSAND OAKS, CA 91320 Title: (X) Change () Addition PERLMUTTER, ROGER M Name: ONE AMGEN CENTER DR. Address: City-St-Zip: THOUSAND OAKS, CA 91320

Title: VCD (X) Change () Addition Name: BRADWAY, ROBERT A

ONE AMGEN CENTER DR. Address: THOUSAND OAKS, CA 91320 City-St-Zip:

Title: (X) Change () Addition SD

SCOTT, DAVID J Name: ONE AMGEN CENTER DR. Address:

City-St-Zip: THOUSAND OAKS, CA 91320

Title: (X) Change () Addition

WAPNICK, PAMELA M Name: Address: ONE AMGEN CENTER DR. City-St-Zip: THOUSAND OAKS, CA 91320

Title: (X) Change () Addition

BONANNI, FABRIZIO Name: Address: ONE AMGEN CENTER DR. City-St-Zip: THOUSAND OAKS, CA 91320

Title: (X) Change () Addition

Name: O'TOOLE, KEVIN M ONE AMGEN CENTER DRIVE Address: City-St-Zip: THOUSAND OAKS, CA 91320

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEVIN M. O'TOOLE ATO 04/28/2008