

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004621

Entity Name: IMMUNEX CORPORATION

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

ONE AMGEN CENTER DR.
THOUSAND OAKS, CA 91320

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19027
NEWBURY PARK, CA 913199027 US

New Mailing Address:

FEI Number: 26-0014514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: PERLMUTTER, ROGER M
Address: ONE AMGEN CENTER DR.
City-St-Zip: THOUSAND OAKS, CA 91320

Title: VCD () Delete
Name: BRADWAY, ROBERT A
Address: ONE AMGEN CENTER DR.
City-St-Zip: THOUSAND OAKS, CA 91320

Title: SD () Delete
Name: SCOTT, DAVID J
Address: ONE AMGEN CENTER DR.
City-St-Zip: THOUSAND OAKS, CA 91320

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

Title: V () Delete
Name: BONANNI, FABRIZIO
Address: ONE AMGEN CENTER DR.
City-St-Zip: THOUSAND OAKS, CA 91320

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 O'TOOLE

ATO

04/23/2009

Electronic Signature of Signing Officer or Director

Date