

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90105 015 ***150.00

DOCUMENT # F05000002856

1. Entity Name
BIOMARIN PHARMACEUTICAL INC.



Principal Place of Business
**105 DIGITAL DRIVE
NOVATO, CA 94949**

Mailing Address
**105 DIGITAL DRIVE
NOVATO, CA 94949**

40004612



01042007 Chg-P CR2E034 (12/06)

4. FEI Number
68-0397820

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRISTIANI, FRANZ L	
STREET ADDRESS	105 DIGITAL DRIVE	
CITY-ST-ZIP	NOVATO, CA 94949	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAFFI, ROBERT A PH.D.	
STREET ADDRESS	105 DIGITAL DRIVE	
CITY-ST-ZIP	NOVATO, CA 94949	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAKKIS, EMIL D MD, PHD	
STREET ADDRESS	105 DIGITAL DRIVE	
CITY-ST-ZIP	NOVATO, CA 94949	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, ALAN J	
STREET ADDRESS	105 DIGITAL DRIVE	
CITY-ST-ZIP	NOVATO, CA 94949	
TITLE	V	<input type="checkbox"/> Delete
NAME	SWIEDLER, STUART J MD, PHD	
STREET ADDRESS	105 DIGITAL DRIVE	
CITY-ST-ZIP	NOVATO, CA 94949	
TITLE	VT	<input type="checkbox"/> Delete
NAME	COOPER, JEFFREY H C.P.A.	
STREET ADDRESS	105 DIGITAL DRIVE	
CITY-ST-ZIP	NOVATO, CA 94949	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bismarck, Jean-Jacques	
STREET ADDRESS	105 Digital Drive	
CITY-ST-ZIP	Novato, CA 94949	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grey, Michael	
STREET ADDRESS	105 Digital Drive	
CITY-ST-ZIP	Novato, CA 94949	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herm, Elaine	
STREET ADDRESS	105 Digital Drive	
CITY-ST-ZIP	Novato, CA 94949	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Klein, Joseph III	
STREET ADDRESS	105 Digital Drive	
CITY-ST-ZIP	Novato, CA 94949	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lapalme, Pierre	
STREET ADDRESS	105 Digital Drive	
CITY-ST-ZIP	Novato, CA 94949	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meier, Richard	
STREET ADDRESS	105 Digital Drive	
CITY-ST-ZIP	Novato, CA 94949	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Eric Davis

Date

(415) 506-6307

Daytime Phone #

ATTACHMENT

40004612

#F05000003856

ADDITIONAL DIRECTORS AND OFFICERS OF BIOMARIN PHARMACEUTICAL INC.

A. DIRECTORS:

NAME	TITLE	MAILING ADDRESS
Lewis, Alan J.	D	105 Digital Drive Novato, CA 94949

B. OFFICERS:

NAME	TITLE	MAILING ADDRESS
Aselage, Steven	V	105 Digital Drive Novato, CA 94949
G. Eric Davis	V/S	105 Digital Drive Novato, CA 94949
Ajer, Jeff	V	105 Digital Drive Novato, CA 94949
Aliski, William E.	V	105 Digital Drive Novato, CA 94949
Jungles, Steven	V	105 Digital Drive Novato, CA 94949
Maher, Daniel	V	105 Digital Drive Novato, CA 94949
Ramelmeier, R. Andrew	V	105 Digital Drive Novato, CA 94949
Sluzky, Victoria	V	105 Digital Drive Novato, CA 94949
Waterhouse, Amy	V	105 Digital Drive Novato, CA 94949
Wood, Mark	V	105 Digital Drive Novato, CA 94949