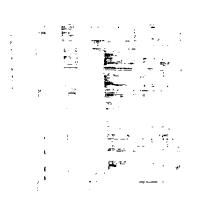
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Office Use Only		



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: (Name of corpo	hasma conticals, Inc
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
Las Box	2000
Vars Boe	e of Person)
alexim P	ranna contralo Pac
(Firm	/Company)
352 Knot	to him.
	Address)
Cheshire	CT 06410
(City/St	ate and Zip code)
For further information concerning this matter, plea	ise call:
O Qi-P	
(Lonna T. Kews at (20	3,271-8396
(Name of Person) (A	rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations Clifton Building	Division of Corporations
2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	,, - =
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in (FEI number, if applicable) (State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) Same (Current mailing address) for biotechnology (Purpose(s) of Coporation authorized in home state of Country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address:

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	- Annual -
Address:	
Vice Chairman:	
Address:	
Director: Lass Borsgaard Director of Financial Services Address: 352 Knotter Drive, Cheshie. CT 06410	· · · · · · · · · · · · · · · · · · ·
Address: 352 Knotter Drive Charlie QT Caylo	- 1 t g
Directors	
Director:	
Address:	<u> </u>
	. £ #FF ₹
B. OFFICERS	
President: David Keiser, President Address: 352 Knotter Drive Cheshire CT 06410	्रिक को । -
Address: 352 Knotter Dreve Cheshere (T 06410	
Vice President:	
Address:	
Secretary: Leonard Bell, C	• • • • • • • • • • • • • • • • • • •
Address: 352 Knotler Drive Chashire CT 06410	
Treasurer:	The segation
Address:	T
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. Jan d Cum	 _, . ₃
(Signature of Director or Officer listed in number 12 of the application)	· · · · · · · · · · · · · · · · · · ·
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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALEXION PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALEXION PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Varriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4494563

DATE: 02-02-06

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