2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # F06000001745 07 OCT 29 AH 10: 53 ALEXION PHARMACEUTICALS INC OMELIANA DE STATE EMITAMASSEE, FLORIDA Principal Place of Business Mailing Address 352 KNOTTER DRIVE 352 KNOTTER DRIVE CHESHIRE, CT 06410 CHESHIRE, CT 06410 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 101 PEINSTATEMENT 98 (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 13-3648318 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 V.P. FLOGOSE TI Change TREAT OFFICERS AND DIRECTORS 10. 11. TITLE D Delete TITLE ☐ Change **K** Addition BOESGAARD, LARS NAME NAME STREET ADDRESS STREET ADDRESS 352 KNOTTER DRIVE Chesture CT 06410 CITY-ST-ZIP CHESHIRE, CT 06410 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change KEISER, DAVID NAME NAME STREET ADDRESS 352 KNOTTER DRIVE STREET ADDRESS CHESHIRE, CT 06410 CITY-ST-7P CITY-ST-ZIP TITLE S ☐ Delete TITLE ☐ Change ☐ Addition BELL, LEONARD NAME NAME **000111463130** 10/29/07--01067--006 **15 352 KNOTTER DRIVE STREET ADDRESS STREET ADDRESS **150.00 CITY-ST-ZIP CHESHIRE, CT 06410 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

VP- FINANCE

SIGNATURE:

2007-OCT-10th