

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006535

Entity Name: CRUCELL VACCINES INC.

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

4216 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4216 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-5638827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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: C () Delete
Name: BYUS, RONALD H.P.
Address: ARCHIME DESWAG 4, 2333 CN LEIDEN
City-St-Zip: THE NETHERLANDS,

Title: D () Delete
Name: KRUIMER, LEONARD
Address: ARCHIME DESWAY4, 2333 CN LEIDEN
City-St-Zip: THE NETHERLANDS,

Title: D () Delete
Name: KLAAS, REINDER
Address: ARCHIME DESWEG 4, 2333 CN LEIDEN
City-St-Zip: THE NETHERLANDS,

Title: P () Delete
Name: MURAI, ANDRES JR.
Address: 4216 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDRES MURAI, JR

P

04/16/2007

Electronic Signature of Signing Officer or Director

Date