

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90075 003 \*\*\*150.00

**DOCUMENT # F06000006535**

1. Entity Name  
**CRUCELL VACCINES INC.**



Principal Place of Business  
**4216 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146**

Mailing Address  
**4216 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146**

**DO NOT WRITE IN THIS SPACE**

02192008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-5638827**

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 ST.  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
BYUS, RONALD H.P.  
ARCHIME DESWAG 4, 2333 CN LEIDEN  
THE NETHERLANDS,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KRUIMER, LEONARD  
ARCHIME DESWAY4, 2333 CN LEIDEN  
THE NETHERLANDS,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KLAAS, REINDER  
ARCHIME DESWEG 4, 2333 CN LEIDEN  
THE NETHERLANDS,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MURAI, ANDRES JR.  
4216 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**3/04/2008**  
Date

**305-4413-2500**  
Daytime Phone #