

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F06000006535

FILED
Aug 03, 2011
Secretary of State

Entity Name: CRUCELL VACCINES INC.

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

OFFICERS AND DIRECTORS:

Title: C
Name: BYUS, RONALD H.P.
Address: ARCHIME DESWAG 4, 2333 CN LEIDEN
City-St-Zip: THE NETHERLANDS,

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

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

Title: VP
Name: FOLKESSON, STEFAN
Address: 4216 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: VP
Name: PON, DOUGLAS
Address: 4216 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS PON

VP

08/03/2011

Electronic Signature of Signing Officer or Director

Date