

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000119

FILED
Apr 22, 2012
Secretary of State

Entity Name: ASTELLAS PHARMA GLOBAL DEVELOPMENT, INC.

Current Principal Place of Business:

THREE PARKWAY NORTH
DEERFIELD, IL 60015

New Principal Place of Business:

Current Mailing Address:

THREE PARKWAY NORTH
DEERFIELD, IL 60015

New Mailing Address:

FEI Number: 26-1844819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P
Name: RYDER, STEVEN
Address: THREE PARKWAY NORTH
City-St-Zip: DEERFIELD, IL 60015

Title: S
Name: FRIEDMAN, LINDA F
Address: THREE PARKWAY NORTH
City-St-Zip: DEERFIELD, IL 60015

Title: T
Name: KNOWLES, STEVE
Address: THREE PARKWAY NORTH
City-St-Zip: DEERFIELD, IL 60015

Title: D
Name: MASAO, YOSHIDA
Address: THREE PARKWAY NORTH
City-St-Zip: DEERFIELD, IL 60015

Title: D
Name: MASUDA, YASUMASA
Address: 3-11, NIHONBASHI-HONCHO 2-CHOME
City-St-Zip: CHUO-KU, TOKYO JAP, JP 103-8411 JP

Title: D
Name: NOGAWA, HIROSHI
Address: 3-11, NIHONBASHI-HONCHO 2-CHOME
City-St-Zip: CHUO-KU, TOKYO JAP, JP 103-8411 JP

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: LINDA FRIEDMAN

S

04/22/2012

Electronic Signature of Signing Officer or Director

Date