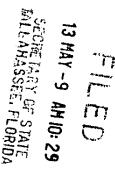
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### **COVER LETTER**

то:		Filing Section of Co	ction rporations			
SUBJ	ECT:	ASTELL	AS SCIENTIFIC AND M	EDICAL	AFFAIRS, INC.	
			Name of corpo	oration - 1	must include suffix	
Dear S	Sir or M	ladam: )				
"Certi	ficate o	f Existence	tion by Foreign Corporatice," or "Certificate of Googn corporation to transact	d Standi	ng" and check are sul	
Please	return	all corres	pondence concerning this	matter to	the following:	
MARK	CAPLA	۵N				
			Na	me of Pe	rson	
<u>C/O</u> P	STELL	AS US L	LC			
			Firr	n/Compa	ny	
1 AST	ELLAS	WAY				
				Address		,
NORTH	BROOK	,IL 600	62			_
· -			City/S	State and	Zip code	
MARK.	CAPLA	N@US.AS	TELLAS.COM			
			E-mail address: (to be	used for	future annual report	notification)
For fu	rther in	formation	concerning this matter, p	lease call	i:	
MATT	VOĆT		at 224	-205-88	300	
	Nam	e of Perso	on	Area Coo	de & Daytime Teleph	one Number
	New Divis Clifto 2661	Filing Section of Co on Buildin	rporations g : Center Circle		MAILING A New Filing Se Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclos	sed is a	check for	the following amount:			
<b>Ö</b> \$70	).00 Fil	ling Fee	□ \$78.75 Filing Fee & Certificate of Status		78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN, COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	ASTELLAS SC	IENTIFIC AND MEDICAL AFFAIRS,	Ι	NC.	
		orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"	
	(If name unavaila	able in Florida, enter alternate corporate nan	ne	adopted for the purpose of transacting business in Plorida	- ເ
2	DELAWARE		3	45-2974250	ì
		under the law of which it is incorporated)	٠.	(FEI number, if applicable)	-
4.	8/5/2011		5.	PERPETUAL	
		of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	_
6.	1/1/2012				
				n Florida, if prior to registration)	_
		(SEE SECTIONS 607.1301 & 607	. L	502, F.S., to determine penalty liability)	
7.	1 ASTELLAS	WAY NORTHBROOK, IL 60062			_
		(Principal office a	dd	ress)	
	1 ASTELLAS	WAY NORTHBROOK, IL 60062			_
		(Current mailing a	dd	ress)	
8.		N ANY AND ALL LAWFUL ACTS OR A of corporation authorized in home state or		TIVITY PERMITTED BY FLORIDA LAW puntry to be carried out in state of Florida)	_
9.	Name and street	et address of Florida registered agent: (	Р.0	O. Box NOT acceptable)	
	Name:	CORPORATION SERVICE COMPANY		<del></del>	
0	ffice Address:	1201 HAYS STREET		·	
		TALLAHASSEE		, Florida <u>32301</u>	
		(City)		(Zip code)	
	•	gent's acceptance:		to a Commercial and a second and	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Muml Chuni- Michael Cambareri
(Registered agent's signature)

Asst. Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: N/A	
Address:	
v	
Vice Chairman: N/A	**************************************
Address:	至 其 们
	ASS -9
Director: MASAO YOSHIDA	
Address: 1 ASTELLAS WAY NORTHBROOK, IL 60062	FLOORING: 29
	<b>5 9</b>
Director: AKIHIKO IWAI	
Address: 2-3-11 Nihonbashi-Honcho, Chuo-ku	
Tokyo, 103-8411 JAPAN	
B. OFFICERS	
President: MASAO YOSHIDA	
Address: 1 ASTELLAS WAY	
NORTHBROOK, IL 60062	
Vice President:	
Address:	
Secretary: LINDA FRIEDMAN	
Address: 1 ASTELLAS WAY, NORTHBROOK, IL 60062	
Treasurer: STEVE KNOWLES	
Address: 1 ASTELLAS WAY, NORTHBROOK, IL 60062	
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors.
13	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) a are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.	
14. STEVE KNOWLES	

# Delaware

DAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF THE STATE OF THE DELAWARE, DO HEREBY CERTIFY "ASTELLAS SCIENTIFIC AND MEDICAL OF AFFAIRS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 0320287

DATE: 03-28-13

You may verify this certificate online at corp.delaware.gov/authver.shtml