FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004442 (9)

1. Corporation Name
IMMUNEX CORPORATION

Principal Place of Business	Mailing Address
51 UNIVERSITY ST. SEATTLE WA 98101	51 UNIVERSITY ST. SEATTLE WA 98101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 51-0346580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ____________________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Director ☐ Change ☒ Addition
NAME	~~ATLEE, FRANK V III~~	12 NAME	Joseph J. Carr
STREET ADDRESS	~~ONE CYANAMID PLAZA~~	13 STREET ADDRESS	Five Giralda Farms
CITY ST ZIP	~~WAYNE NJ 07470~~	14 CITY ST ZIP	Madison, NJ 07940
TITLE	D	21 TITLE	Director ☐ Change ☒ Addition
NAME	~~BETHUNE, DAVID R~~	22 NAME	Robert A. Essner
STREET ADDRESS	~~ONE CYANAMID PLAZA~~	23 STREET ADDRESS	PO Box 8299
CITY ST ZIP	~~WAYNE NJ 07470~~	24 CITY ST ZIP	Philadelphia, PA 19101
TITLE	D	31 TITLE	Director ☐ Change ☒ Addition
NAME	~~CANTRALL, EDWARD W~~	32 NAME	Edith W. Martin
STREET ADDRESS	~~401 N. MIDDLETOWN RD.~~	33 STREET ADDRESS	1025 Thomas Jefferson Street NW
CITY ST ZIP	~~PEAL RIVER NY 10965~~	34 CITY ST ZIP	Washington, DC 20007
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CRAMER, KIRBY L SR	42 NAME	
STREET ADDRESS	3755 CARILLON POINT	43 STREET ADDRESS	
CITY ST ZIP	KIRKLAND WA 98101	44 CITY ST ZIP	
TITLE	DC	51 TITLE	☐ Change ☐ Addition
NAME	FRITZKY, EDWARD V	52 NAME	
STREET ADDRESS	51 UNIVERSITY ST.	53 STREET ADDRESS	
CITY ST ZIP	SEATTLE WA 98101	54 CITY ST ZIP	
TITLE	PVDC	61 TITLE	☐ Change ☐ Addition
NAME	GILLIS, STEVEN	62 NAME	
STREET ADDRESS	51 UNIVERSITY ST.	63 STREET ADDRESS	
CITY ST ZIP	SEATTLE WA 98101	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott G. Hallquist ~~Douglas G. Southern~~ 4-27-95 (206) 587-0430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400603 FP