

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 03 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F94000004442 (9)

1. Corporation Name

IMMUNEX CORPORATION

Principal Place of Business

51 UNIVERSITY ST.  
SEATTLE WA 98101

Mailing Address

51 UNIVERSITY ST.  
SEATTLE WA 98101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
CARR, JOSEPH J  
FIVE GIRALDA FARMS  
MADISON NY

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
ESSNER, ROBERT A  
P.O. BOX 8299  
PHILADELPHIA PA

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
MARTIN, EDITH W  
1025 THOMAS JEFFERSON STREET N W  
WASHINGTON DC

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
CRAMER, KIRBY L SR  
3755 CARILLON POINT  
KIRKLAND WA 98101

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DC  
FRITZKY, EDWARD V  
51 UNIVERSITY ST.  
SEATTLE WA 98101

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
PHILLIPS, PEGGY V  
51 UNIVERSITY STREET  
SEATTLE WA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

CR2E034 (10/97)