

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90063 025 ***150.00

DOCUMENT # F94000004442

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CARR, JOSEPH J
STREET ADDRESS FIVE GIRALDA FARMS
CITY-ST-ZIP MADISON NY

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP madison, NJ

TITLE D ☒ DELETE
NAME JACKSON, RICHARD L
STREET ADDRESS 865 RIDGE ROAD, RM 1006
CITY-ST-ZIP MONMOUTH JUNCTION NJ 08852

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Joseph M. Mahady
2.3 STREET ADDRESS 555 E. Lancaster Avenue
2.4 CITY-ST-ZIP St Davids, PA 19087

TITLE D ☐ DELETE
NAME MARTIN, EDITH W
STREET ADDRESS 1025 THOMAS JEFFERSON STREET N-W
CITY-ST-ZIP WASHINGTON DC

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 2112 Hidden Ranch Lane
3.4 CITY-ST-ZIP Jackson, WY 83001

TITLE D ☐ DELETE
NAME CRAMER, KIRBY L SR
STREET ADDRESS 3755 CARILLON POINT
CITY-ST-ZIP KIRKLAND WA 98101

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DC ☐ DELETE
NAME FRITZKY, EDWARD V
STREET ADDRESS 51 UNIVERSITY ST.
CITY-ST-ZIP SEATTLE WA 98101

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PHILLIPS, PEGGY V
STREET ADDRESS 51 UNIVERSITY STREET
CITY-ST-ZIP SEATTLE WA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]* RECEIVED

12 Mar 99

206 587 0430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)