

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M08000003166

**FILED**  
**Dec 07, 2010**  
**Secretary of State**

**Entity Name:** MEDIMMUNE, LLC

**Current Principal Place of Business:**

ONE MEDIMMUNE WAY  
GAITHERSBURG, MD 20878

**New Principal Place of Business:**

**Current Mailing Address:**

ONE MEDIMMUNE WAY  
GAITHERSBURG, MD 20878

**New Mailing Address:**

**FEI Number:** 52-1555759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: /S/ BONNIE A. SCHUMAN, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BRENNAN, DAVID R  
Address: ONE MEDIMMUNE WAY  
City-St-Zip: GAITHERSBURG, MD 20878

Title: MGR  
Name: GREENLEAF, PETER S  
Address: ONE MEDIMMUNE WAY  
City-St-Zip: GAITHERSBURG, MD 20878

Title: MGR  
Name: PEARSON, TIMOTHY R  
Address: ONE MEDIMMUNE WAY  
City-St-Zip: GAITHERSBURG, MD 20878

Title: MGR  
Name: ZOOK, ANTHONY P  
Address: ONE MEDIMMUNE WAY  
City-St-Zip: GAITHERSBURG, MD 20878

Title: MGR  
Name: EKBLOM, ANDERS  
Address: ONE MEDIMMUNE WAY  
City-St-Zip: GAITHERSBURG, MD 20878

Title: MGR  
Name: LOWTH, SIMON  
Address: ONE MEDIMMUNE WAY  
City-St-Zip: GAITHERSBURG, MD 20878

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: /S/ ANTHONY P. ZOOK

MGR

12/07/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date