2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07736

Entity Name: SANOFI PASTEUR INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
DISCOVERY DRIVE SWIFTWATER, PA 183707187			ATTI	SCOVERY DRIVE TN: TAX DEPARTMENT /IFTWATER, PA 18370 US	
Current Mailing Address:			New	w Mailing Address:	
DISCOVERY DRIVE SWIFTWATER, PA 183707187			ATTI	SCOVERY DRIVE TN: TAX DEPARTMENT /IFTWATER, PA 18370 US	
FEI Number:	98-0033013	FEI Number Applied For ()	El Number N	Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US 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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () [BRAGA, DAMIAN DISCOVERY DR SWIFTWATER, F	IVE	Title: Name Addre City-S	ne:	
Title: Name: Address: City-St-Zip:	VPT ()[EPIFANO, FRAN DISCOVERY DR SWIFTWATER, F		Title: Name Addre City-S	ne: EPIFANO, FRANK	
Title: Name: Address: City-St-Zip:	VP () I DEWRLDE, MICI DISCOVERY DR SWIFTWATER, F	IVE	Title: Name Addre City-S	ne: DEWILDE, MICHEL J	
Title: Name: Address: City-St-Zip:	EVPD ()[PISANO, WAYNE DISCOVERY DR SWIFTWATER, F	IVE	Title: Name Addre City-S	ne: PISANO, WAYNE F	
Title: Name: Address: City-St-Zip:	AT ()[MONACELLI, MA DISCOVERY CR SWIFTWATER, F	IVE	Title: Name Addre City-S	ne: MONACELLI, MARY ELLEN	
Title: Name: Address: City-St-Zip:	AS ()[CLEARY, TIMOT DISCOVERY DR SWIFTWATER, F	IVE	Title: Name Addre City-S	ne:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ELLEN MONACELLI AT 04/14/2009