2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26325

Entity Name: AMGEN INC.

FILED Apr 24, 2012 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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ONE AMGEN CENTER DR

THOUSAND OAKS, CA 913201799 US

Current Mailing Address: New Mailing Address:

P.O. BOX 19027 C/O TAX DEPT. NEWBURY PARK, CA 913199027 US

FEI Number: 95-3540776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323010525 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

OFFICERS AND DIRECTORS:

Title: [

Name: BALTIMORE, DAVID
Address: ONE AMGEN CENTER DRIVE

City-St-Zip: THOUSAND OAKS, CA 913201799 US

Title: [

Name: BIONDI, FRANK J Address: ONE AMGEN CENTER DR

City-St-Zip: THOUSAND OAKS, CA 913201799 US

Title: CD

 Name:
 SHARER, KEVIN W

 Address:
 ONE AMGEN CENTER DR

 City-St-Zip:
 THOUSAND OAKS, CA 91320

Title: VT

Name: WAPNICK, PAMELA M Address: ONE AMGEN CENTER DR

City-St-Zip: THOUSAND OAKS, CA 913201799 US

Title: F

Name: BRADWAY, ROBERT A Address: ONE AMGEN CENTER DR

City-St-Zip: THOUSAND OAKS, CA 913201799 US

Title: ATO

Name: O'TOOLE, KEVIN M Address: ONE AMGEN CENTER DR

City-St-Zip: THOUSAND OAKS, CA 913201799 US

I hereby 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 all other like empowered.

SIGNATURE: KEVIN M. O'TOOLE ATP 04/24/2012