

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90027 036 ***150.00

DOCUMENT # P36521

1. Entity Name
 (formerly) **MedImmune Oncology, Inc.**
U.S. BIOSCIENCE, INC.

Principal Place of Business ONE TOWER BRIDGE 100 FRONT STREET WEST CONSHOHOCKEN PA 19428	Mailing Address ONE TOWER BRIDGE 100 FRONT STREET WEST CONSHOHOCKEN PA 19428-2800
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-2460100**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SCHEIN, PHILIP	
STREET ADDRESS	100 FRONT ST	
CITY-ST-ZIP	W CONSHOHOCKEN PA	

TITLE	Chairman & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne T. Hockmeyer, Ph.D.	
STREET ADDRESS	35 West Watkins Mill Road	
CITY-ST-ZIP	Gaithersburg, MD 20878	

TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	KRIEBEL, ROBERT	
STREET ADDRESS	100 FRONT STREET	
CITY-ST-ZIP	W. CONSHOHOCKEN PA	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melvin D. Booth	
STREET ADDRESS	35 West Watkins Mill Road	
CITY-ST-ZIP	Gaithersburg, MD 20878	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMASTER, DOUGLAS	
STREET ADDRESS	100 FRONT STREET	
CITY-ST-ZIP	WEST CONSHOHOCKEN PA	

TITLE	Chief Financial Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Mott	
STREET ADDRESS	35 West Watkins Mill Road	
CITY-ST-ZIP	Gaithersburg, MD 20878	

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MISHER, ALLEN	
STREET ADDRESS	100 FRONT STREET	
CITY-ST-ZIP	W. CONSHOHOCKEN PA	

TITLE	Sr.VP, Clinical Development	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wolfgang Oster, M.D.	
STREET ADDRESS	One Tower Bridge, 100 Front Street	
CITY-ST-ZIP	West Conshohocken, PA 19428	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, BETTY	
STREET ADDRESS	100 FRONT ST	
CITY-ST-ZIP	W. CONSHOHOCKEN PA	

TITLE	Vice President, General Counsel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendy Nagy, Esq.	
STREET ADDRESS	One Tower Bridge, 100 Front Street	
CITY-ST-ZIP	West Conshohocken, PA 19428	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAPIZZI, ROBERT	
STREET ADDRESS	100 FRONT STREET	
CITY-ST-ZIP	W. CONSHOHOCKEN PA	

TITLE	Vice President, HR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H. Charles Ford	
STREET ADDRESS	One Tower Bridge, 100 Front Street	
CITY-ST-ZIP	West Conshohocken, PA 19428	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 04 2000 *610 832 4558*

CR2E034 (9/99)

Name and Address of Other Officers

attach.
Code 0015
#P36521

Wayne T. Hockmeyer, Ph.D.
Chairman of Board & CEO
35 West Watkins Mill Road
Gaithersburg, MD

James F. Young, Ph.D.
Executive Vice President, Research and Development
35 West Watkins Mill Road
Gaithersburg, MD

Armando Anido
Senior Vice President, Sales and Marketing
35 West Watkins Mill Road
Gaithersburg, MD

Bogdan Dziurzynski
Senior Vice President, Regulatory Affairs and Quality Assurance
35 West Watkins Mill Road
Gaithersburg, MD

Jayne L. Korolkoff
Vice President, Finance and Administration
35 West Watkins Mill Road
Gaithersburg, MD

Timothy R. Pearson
Vice President, Assistant Treasurer
35 West Watkins Mill Road
Gaithersburg, MD