

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90104 043 \*\*\*150.00

**DOCUMENT # P36521**

1. Entity Name  
**MEDIMMUNE ONCOLOGY, 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**

**C0022158**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**35 W Watkins Mill Rd.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**35 W Watkins Mill Rd.**  
 Suite, Apt. #, etc.

City & State  
**Gaithersburg, MD**  
 Zip Country  
**20878**

City & State  
**Gaithersburg, MD**  
 Zip Country  
**20878**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	CEOC HOCKMEYER, WAYNE T PH.D 35 WEST WATKINS MILL RD. GAIHERSBURG MD 20878	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOOTH, MELVIN D 35 WEST WATKINS MILL RD. GAIHERSBURG MD 20878	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MOTT, DAVID 35 W WATKINS MILL RD. GAIHERSBURG MD 20878	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCD OSTER, WOLFGANG M.D. 100 FRONT ST. CONSHOHOCKEN PA 19428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC NAGY, WENDY 100 FRONT ST CONSHOHOCKEN PA 19428	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPHR FORD, CHARLES H 100 FRONT STREET CONSHOHOCKEN PA 19428	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & D Mott, David 35 West Watkins Mill Rd Gaithersburg, MD 20878	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP - Medical Director T.O.P. Franklin H. 35 West Watkins Mill Rd Gaithersburg, MD, 20878	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Pearson, Tim 35 West Watkins Mill Rd Gaithersburg, MD, 20878	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

301-527-4292  
 Date Daytime Phone #

CR2E034 (10/00)

Form 2001 Uniform Business Report  
MedImmune Oncology, Inc.  
FEI # 23-2460100  
stmt 1  
Question 12 - Continued

Attachment  
Document # P36S21  
00000158

MedImmune Oncology, Inc.

Officer's Certificate

I, Timothy R. Pearson, Secretary of MedImmune Oncology, Inc. (the "Company"), do hereby certify that:

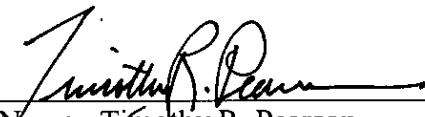
1. I am the duly elected, qualified, and acting Secretary of the Company and, as such, have access to the Company's corporate records. I have examined such records and other documents as I have deemed necessary for purposes of giving this certificate and am familiar with matters therein contained and herein certified.
2. The sole director of the Company is David M. Mott.
3. The officers of the Company are:

David M. Mott	Sole Director and Chief Executive Officer
Melvin D. Booth	President
Franklin H. Top, Jr.	Executive Vice President and Medical Director
James F. Young, Ph.D.	Executive Vice President, Research and Development
Armando Anido	Senior Vice President, Sales and Marketing
Bogdan Dziurzynski	Senior Vice President, Regulatory Affairs and Quality Assurance
Wolfgang Oster	Senior Vice President, Clinical Development
Timothy R. Pearson	Vice President, Secretary and Treasurer

IN WITNESS WHEREOF, I have signed this certificate and affixed the corporate seal of the Company.

Dated: January 11, 2001

- All Officers are located  
35 West Watkins Mill Rd.  
Gaithersburg, MD, 20878

  
Name: Timothy R. Pearson  
Title: Vice President, Secretary and Treasurer