

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36521

1. Corporation Name

MEDIMMUNE ONCOLOGY, INC.

Principal Place of Business

35 W WATKINS MILL ROAD
GAITHERSBURG MD 20878

Mailing Address

35 W WATKINS MILL ROAD
GAITHERSBURG MD 20878

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/1991

5. FEI Number

23-2460100

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEOD	MOTT, DAVID	35 WEST WATKINS MILL RD.	GAITHERSBURG MD 20878
P	BOOTH, MELVIN D	35 WEST WATKINS MILL RD.	GAITHERSBURG MD 20878
CFO	MOTT, DAVID GREGORY PATRICK	35 W WATKINS MILL RD.	GAITHERSBURG MD 20878
VPCD	OSTER, WOLFGANG M.D. ARMANDO ANIDO	100 FRONT ST. 35 W. WATKINS MILL RD	CONSHOHOCKEN PA 19428 GAITHERSBURG, MD 20878
EVMD	TOP, FRANKLIN H	35 WEST WATKINS MILL ROAD	GAITHERSBURG MD 20878
T	PEARSON, TIM	35 WEST WATKINS MILL RAOD	GAITHERSBURG MD 20878

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Stacy M. Rosenthal
Vice President and
Assistant Secretary

Date

11/01/2002

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/02