

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90020 005 \*\*\*150.00

**DOCUMENT # P36521**

1. Entity 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**

**54033846**



2. Principal Place of Business

**One Medimmune Way**

Suite, Apt. #, etc.

3. Mailing Address

**One Medimmune Way**

Suite, Apt. #, etc.

03102004

Chg-P

CR2E034 (10/03)

City & State

**Gaithersburg, MD**

Zip

**20878**

Country

**Montgomery**

City & State

**Gaithersburg, MD**

Zip

**20878**

Country

**Montgomery**

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

**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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOD  
MOTT, DAVID  
35 WEST WATKINS MILL RD.  
GAITHERSBURG, MD 20878** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BOOTH, MELVIN D  
35 WEST WATKINS MILL RD.  
GAITHERSBURG, MD 20878** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
PATRICK, GREGORY  
35 W WATKINS MILL RD.  
GAITHERSBURG, MD 20878** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVPM  
ARMANDO, ANIDO  
35 W WATKINS MILL ROAD  
GAITHERSBURG, MD 20878** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVMD  
TOP, FRANKLIN H.  
35 WEST WATKINS MILL ROAD  
GAITHERSBURG, MD 20878** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPTS  
PEARSON, TIM  
35 WEST WATKINS MILL ROAD  
GAITHERSBURG, MD 20878** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**One Medimmune Way  
Gaithersburg, MD 20878** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO, V.P. & Controller  
Zoth, Lota  
One Medimmune Way  
Gaithersburg, MD 20878** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**One Medimmune Way  
Gaithersburg, MD 20878** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**One Medimmune Way  
Gaithersburg, MD 20878** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**One Medimmune Way  
Gaithersburg, MD 20878** ☒ Change ☐ Addition

12. 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 10 or Block 11 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

**3/30/04**

Date

**301-398-0000**

Daytime Phone #