


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90372 028 ***150.00

DOCUMENT # P36521 1. Entity Name MEDIMMUNE ONCOLOGY, INC.					
Principal Place of Business ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878			Mailing Address ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-2460100	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MOTT, DAVID ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD ZOTH, LOTA ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPM ARMANDO, ANIDO ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ATUL, SARAN ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFT PEARSON, TIM ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRD YOUNG, JAMES F ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR V.P. + SECRETARY + DIRECTOR WILLIAM C. BERTLAND, JR. ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE V.P. EDWARD M. CONNOR ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR V.P. - DEVELOPMENT GAIL FOLEVA-WASSERMAN ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR V.P. - OPERATIONS BERNARDUS MACHIELSE ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/21/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					