FILED
Aug 05, 2003 8:00 am
Secretary of State
08-05-2003 90073 043 ***400.00
06-30-2003 90064 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36521

1. Entity Name
MEDIMMUNE ONCOLOGY, INC.

Principal Place of Business	Mailing Address
35 W WATKINS MILL ROAD GAITHERSBURG, MD 20878	35 W WATKINS MILL ROAD GAITHERSBURG, MD 20878

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

SIGNATURE _____ DATE
(If agent, type or print name of registered agent and title if applicable) (MORE than one Agent signature required when changing)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
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	V.P. of Finance + Controller Lota Zoth 35 W. Watkins Mill Rd Gaithersburg, MD 20878 ☐ Change ☑ Addition
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPCD ARMANDO, ANIDO 35 W WATKINS MILL ROAD GAITHERSBURG, MD 20878 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Senior VP, Sales & Marketing ☑ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PEARSON, TIM 35 WEST WATKINS MILL RAOD GAITHERSBURG, MD 20878 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, Treasurer and Secretary ☑ Change ☐ Addition

CR2E034 (10/02)

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] LOTA ZOTH 6/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date