

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001745

Entity Name: ALEXION PHARMACEUTICALS INC**Current Principal Place of Business:**352 KNOTTER DRIVE
CHESHIRE, CT 06410**Current Mailing Address:**352 KNOTTER DRIVE
CHESHIRE, CT 06410 US**FEI Number:** 13-3648318**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BELL, LEONARD
Address 352 KNOTTER DRIVE
City-State-Zip: CHESHIRE CT 06410

Title VICE PRESIDENT
Name MORIARTY, JOHN
Address 352 KNOTTER DRIVE
City-State-Zip: CHESHIRE CT 06410

Title S
Name GRECO, MICHAEL V
Address 352 KNOTTER DRIVE
City-State-Zip: CHESHIRE CT 06410

Title T
Name BELL, LEONARD
Address 352 KNOTTER DRIVE
City-State-Zip: CHESHIRE CT 06410

Title C
Name LINK, MAX
Address 352 KNOTTER DRIVE
City-State-Zip: CHESHIRE CT 06410

Title D
Name BELL, LEONARD
Address 352 KNOTTER DRIVE
City-State-Zip: CHESHIRE CT 06410

Title D
Name KELLER, WILLIAM R
Address 352 KNOTTER DRIVE
City-State-Zip: CHESHIRE CT 06410

Title D
Name MADRI, JOSEPH A
Address 352 KNOTTER DRIVE
City-State-Zip: CHESHIRE CT 06410

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL V. GRECO**SECRETARY****05/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name MATHIS, LARRY
Address 352 KNOTTER DRIVE
City-State-Zip: CHESHIRE CT 06410

Title D
Name PARVIN, ALVIN S
Address 352 KNOTTER DRIVE
City-State-Zip: CHESHIRE CT 06410

Title D
Name VENEMAN, ANN
Address 352 KNOTTER DRIVE
City-State-Zip: CHESHIRE CT 06410

Title D
Name NORBY, R. DOUGLAS
Address 352 KNOTTER DRIVE
City-State-Zip: CHESHIRE CT 06410

Title D
Name RUMMELT, ANDREAS
Address 352 KNOTTER DRIVE
City-State-Zip: CHESHIRE CT 06410

Title DIRECTOR
Name MOLLEN, JOHN T
Address 352 KNOTTER DRIVE
City-State-Zip: CHESHIRE CT 06410