

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001846

Entity Name: SONY BIOTECHNOLOGY INC.**Current Principal Place of Business:**1730 NORTH FIRST STREET
SAN JOSE, CA 95112**Current Mailing Address:**25 MADISON AVENUE
C/O SCA LEGAL DEPT, 26TH FLOOR
NEW YORK, NY 10010 US**FEI Number:** 27-0041915**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	CEO, DIRECTOR
Name	POIRSON, ALLEN
Address	1730 NORTH FIRST STREET
City-State-Zip:	SAN JOSE CA 95112

Title	DIRECTOR, EVP, TREASURER
Name	KOBER, STEVEN E
Address	25 MADISON AVE
City-State-Zip:	NEW YORK NY 10010

Title	VP
Name	BOEHM, TIMOTHY
Address	25 MADISON AVE
City-State-Zip:	NEW YORK NY 10010

Title	SENIOR VICE PRESIDENT
Name	HALBY, KAREN L
Address	25 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10010

Title	ASSISTANT TREASURER
Name	QUARTAROLO, SUSAN
Address	25 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10010

Title	SECRETARY
Name	KHALIL, MARK E
Address	25 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10010

Title	ASST. SECRETARY
Name	EKREN, CHRISTOPHER
Address	1730 NORTH FIRST STREET
City-State-Zip:	SAN JOSE CA 95112

Title	ASST. SECRETARY
Name	NARAYAN, PRABHU
Address	1730 NORTH FIRST STREET
City-State-Zip:	SAN JOSE CA 95112

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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: STEVEN E. KOBER**TREASURER****04/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name OGAWA, KATSUNORI
Address 1730 NORTH FIRST STREET
City-State-Zip: SAN JOSE CA 95112

Title DIRECTOR
Name KATSUMOTO, TORU
Address 1730 NORTH FIRST STREET
City-State-Zip: SAN JOSE CA 95112