

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000000380

Entity Name: REGENERON HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

745 OLD SAW MILL RIVER ROAD
TARRYTOWN, NY 10591

Current Mailing Address:

745 OLD SAW MILL RIVER ROAD
TARRYTOWN, NY 10591 US

FEI Number: 47-2092474

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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 SECRETARY
Name LAROSA, JOSEPH J.
Address 745 OLD SAW MILL RIVER ROAD
City-State-Zip: TARRYTOWN NY 10591

Title TREASURER
Name COLYER, JENNIFER
Address 745 OLD SAW MILL RIVER ROAD
City-State-Zip: TARRYTOWN NY 10591

Title VP
Name JONES, MICHAEL
Address 745 OLD SAW MILL RIVER ROAD
City-State-Zip: TARRYTOWN NY 10591

Title VP
Name O'NEAL, RICHARD
Address 745 OLD SAW MILL RIVER ROAD
City-State-Zip: TARRYTOWN NY 10591

Title VP
Name SUESSERMAN, MICHAEL
Address 745 OLD SAW MILL RIVER ROAD
City-State-Zip: TARRYTOWN NY 10591

Title VP
Name TEGAN, DEBORAH
Address 745 OLD SAW MILL RIVER ROAD
City-State-Zip: TARRYTOWN NY 10591

Title VP
Name WILLIAMS, MONIKA
Address 745 OLD SAW MILL RIVER ROAD
City-State-Zip: TARRYTOWN NY 10591

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: JOSEPH J. LAROSA

SECRETARY

03/25/2019

Electronic Signature of Signing Officer/Director Detail

Date