

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003641

Entity Name: PDL BIOPHARMA, INC.

FILED
Apr 04, 2007
Secretary of State

Current Principal Place of Business:

34801 CAMPUS DRIVE
FREMONT, CA 94555

New Principal Place of Business:

Current Mailing Address:

34801 CAMPUS DRIVE
FREMONT, CA 94555

New Mailing Address:

FEI Number: 94-3023969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
562 EAST PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDADE, MARK
Address: 34801 CAMPUS DRIVE
City-St-Zip: FREMONT, CA 94555

Title: V () Delete
Name: BENNER, STEVEN E
Address: 34801 CAMPUS DRIVE
City-St-Zip: FREMONT, CA 94555

Title: V () Delete
Name: MURRAY, RICHARD
Address: 34801 CAMPUS DRIVE
City-St-Zip: FREMONT, CA 94555

Title: V () Delete
Name: GUGGENHIME, ANDREW
Address: 34801 CAMPUS DRIVE
City-St-Zip: FREMONT, CA 94555

Title: V () Delete
Name: JUE, GEORGE
Address: 34801 CAMPUS DRIVE
City-St-Zip: FREMONT, CA 94555

Title: VS (X) Delete
Name: SHUMATE, CYNTHIA
Address: 34801 CAMPUS DRIVE
City-St-Zip: FREMONT, CA 94555

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: MCDADE, MARK
Address: 34801 CAMPUS DRIVE
City-St-Zip: FREMONT, CA 94555

Title: V (X) Change () Addition
Name: MCCAMISH, MARK
Address: 34801 CAMPUS DRIVE
City-St-Zip: FREMONT, CA 94555

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V/S (X) Change () Addition
Name: SHUMATE, CYNTHIA
Address: 34801 CAMPUS DRIVE
City-St-Zip: FREMONT, CA 94555

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CYNTHIA SHUMATE

V/S

04/04/2007

Electronic Signature of Signing Officer or Director

_____ Date