

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

06-27-2003 90048 014 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F9700005049**

1. Entity Name  
**IDEC PHARMACEUTICALS CORPORATION**



Principal Place of Business  
 3030 CALLAN ROAD  
 SAN DIEGO, CA 92121

Mailing Address  
 3030 CALLAN ROAD  
 SAN DIEGO, CA 92121

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

City & State  
 Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**33-0112644**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>RASTETTER, WILLIAM H PHD<br>3030 CALLAN ROAD<br>SAN DIEGO, CA 92121 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>DUNN, JOHN M<br>3030 CALLAN ROAD<br>SAN DIEGO, CA 92121 <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>HANNA, NABIL PHD<br>11011 TORREYANA ROAD<br>SAN DIEGO, CA 92121 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ROHN, WILLIAM R<br>3030 CALLAN ROAD<br>SAN DIEGO, CA 92121 <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BERTHOLD, WOLFGANG<br>11011 TORREYANA ROAD<br>SAN DIEGO, CA 92121 <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>SCHNEIDER, PHILLIP<br>3030 CALLAN ROAD<br>SAN DIEGO, CA 92121 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Treasurer<br>Rodriguez, Edward<br>3030 Callan Rd.<br>San Diego, CA 92121 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 114.07(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: **John Dunn, SVP** **858 431-8597**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)



Attachment  
10108788

LEGAL DEPARTMENT  
3030 CALLAN ROAD  
SAN DIEGO, CALIFORNIA 92121  
858/431-8500 • FAX 858/431-8755

CERTIFIED MAIL

June 5, 2003

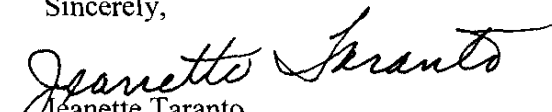
Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: 2003 For Profit Corporation, Uniform Business Report (UBR)  
IDEC Pharmaceuticals Corporation, Document No. F97000005049

Enclosed please find our annual renewal form for the referenced filing along with our check for \$150.00. I spoke with one of your representatives and told her we did not receive a renewal notice this year and therefore missed the May 1, delinquency date. She said that it would be waived in this instance.

Please call me if you have any questions at 858 431-8597. Thank you for your assistance.

Sincerely,

  
Jeanette Taranto  
Senior Administrative Assistant

Enclosures