

1.) CORPORATION NAME:

**AMGEN INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 SOUTH 12TH STREET  
P.O. BOX 1463**

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

DUE DATE: **10/31/2011**

SCC ID NO: **F1016585**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,750,000,000
PREFER	5,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 19027

CITY/ST/ZIP: NEWBURY PARK, CA 91319-9027

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT BRADWAY  
TITLE: PRESIDENT  
ADDRESS: P O BOX 19027  
CITY/ST/ZIP/CO: NEWBURY PARK, CA 91319-9027

OFFICER  DIRECTOR

NAME: JONATHAN PEACOCK  
TITLE: EXEC VP/CFO  
ADDRESS: P O BOX 19027  
CITY/ST/ZIP/CO: NEWBURY PARK, CA 91319-9027

OFFICER  DIRECTOR

NAME: DAVID J SCOTT  
TITLE: SECRETARY  
ADDRESS: P O BOX 19027  
CITY/ST/ZIP/CO: NEWBURY PARK, CA 91319-9027

OFFICER  DIRECTOR

NAME: KEVIN W SHARER  
TITLE: CHAIRMAN  
ADDRESS: P O BOX 19027  
CITY/ST/ZIP/CO: NEWBURY PARK, CA 91319-9027

OFFICER  DIRECTOR

NAME: KEVIN O'TOOLE  
TITLE: ASST TAX OFFICE  
ADDRESS: P O BOX 19027  
CITY/ST/ZIP/CO: NEWBURY PARK, CA 91319-9027

OFFICER  DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ KEVIN O'TOOLE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KEVIN O'TOOLE, ASST TAX OFFICE</u> PRINTED NAME AND CORPORATE TITLE	<u>10/27/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.