

1.) CORPORATION NAME:

Sanofi Pasteur Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1045774**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000
COMB	1,000
PREFER	2,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: DISCOVERY DRIVE

CITY/ST/ZIP: SWIFTWATER, PA 18370

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: DAMIAN A BRAGA TITLE: PRESIDENT ADDRESS: DISCOVERY DRIVE CITY/ST/ZIP/CO: SWIFTWATER, PA 18370	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY B. CLEARY TITLE: VICE PRESIDENT ADDRESS: DISCOVERY DRIVE CITY/ST/ZIP/CO: SWIFTWATER, PA 18370	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL J. DEWILDE TITLE: EXEC. VP ADDRESS: DISCOVERY DRIVE CITY/ST/ZIP/CO: SWIFTWATER, PA 18370	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: FRANK A EPIFANO TITLE: VP/TREASURER ADDRESS: DISCOVERY DRIVE CITY/ST/ZIP/CO: SWIFTWATER, PA 18370	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHARLES S MONTGOMERY TITLE: VP/SECRETARY ADDRESS: DISCOVERY DRIVE CITY/ST/ZIP/CO: SWIFTWATER, PA 18370	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Dale Parisi TITLE: VICE PRESIDENT ADDRESS: Discovery Drive CITY/ST/ZIP/CO: Swiftwater, PA 18370	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Mary Ellen Monacelli TITLE: Asst Treasurer ADDRESS: Discovery Drive CITY/ST/ZIP/CO: Swiftwater, PA 18370	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: Chad Hoover TITLE: DIRECTOR ADDRESS: Discovery Drive CITY/ST/ZIP/CO: Swiftwater, PA 18370	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Philip Hosbach TITLE: DIRECTOR ADDRESS: Discovery Drive CITY/ST/ZIP/CO: Swiftwater, PA 18370	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> 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.		
/s/ Mary Ellen Monacelli SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Mary Ellen Monacelli, Asst Treasurer PRINTED NAME AND CORPORATE TITLE	7/25/2012 DATE
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.		