

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213545284

1.) CORPORATION NAME:

**Amgen USA Inc.**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
1111 EAST MAIN STREET  
16TH FLOOR**

SCC ID NO: **F1488594**

**RICHMOND, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 1,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 19027  
TAX DEPARTMENT

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:           | ANTHONY C HOOPER            | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT                   |   |  |
| ADDRESS:        | P O BOX 19027               |   |  |
| CITY/ST/ZIP/CO: | NEWBURY PARK, CA 91319-9027 |   |  |

|                 |                             |   |                                   |
|-----------------|-----------------------------|---|-----------------------------------|
| NAME:           | JACQUELINE CROUSE           | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VP/CTO                      |   |                                   |
| ADDRESS:        | P O BOX 19027               |   |                                   |
| CITY/ST/ZIP/CO: | NEWBURY PARK, CA 91319-9027 |   |                                   |

|                 |                             |   |  |
|-----------------|-----------------------------|---|--|
| NAME:           | JONATHAN M PEACOCK          | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | CFO                         |   |  |
| ADDRESS:        | PO BOX 19027                |   |  |
| CITY/ST/ZIP/CO: | NEWBURY PARK, CA 91319-9027 |   |  |

|                 |                             |   |  |
|-----------------|-----------------------------|---|--|
| NAME:           | DAVID J SCOTT               | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY                   |   |  |
| ADDRESS:        | P O BOX 19027               |   |  |
| CITY/ST/ZIP/CO: | NEWBURY PARK, CA 91319-9027 |   |  |

|                 |                             |   |                                   |
|-----------------|-----------------------------|---|-----------------------------------|
| NAME:           | JOHN J KILKEARY             | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | ASST TAX OFF.               |   |                                   |
| ADDRESS:        | PO BOX 19027                |   |                                   |
| CITY/ST/ZIP/CO: | NEWBURY PARK, CA 91319-9027 |   |                                   |

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/ JOHN J KILKEARY</u>                          | <u>JOHN J KILKEARY, ASST TAX</u>         | <u>9/27/2013</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | OFF.<br>PRINTED NAME AND CORPORATE TITLE | 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.