

1.) CORPORATION NAME: <b>Regeneron Pharmaceuticals, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>NY</b>	DUE DATE: <b>9/30/2015</b> SCC ID NO: <b>F1874348</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>160,000,000</td> </tr> <tr> <td>COMA</td> <td>40,000,000</td> </tr> <tr> <td>PREFER</td> <td>30,000,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	160,000,000	COMA	40,000,000	PREFER	30,000,000
CLASS	AUTHORIZED								
COMMON	160,000,000								
COMA	40,000,000								
PREFER	30,000,000								

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 777 Old Saw Mill River Road

CITY/ST/ZIP: Tarrytown, NY 10591

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LEONARD S SCHLEIFER TITLE: PRESIDENT/CEO ADDRESS: 777 OLD SAW MILL RIVER ROAD CITY/ST/ZIP/CO: TARRYTOWN, NY 10591		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BETH LEVINE TITLE: VICE PRESIDENT ADDRESS: 777 OLD SAW MILL RIVER ROAD CITY/ST/ZIP/CO: TARRYTOWN, NY 10591		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DOMINICK AGRON TITLE: TREASURER ADDRESS: 777 OLD SAW MILL RIVER ROAD CITY/ST/ZIP/CO: TARRYTOWN, NY 10591		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOSEPH LAROSA TITLE: SECRETARY ADDRESS: 777 OLD SAW MILL RIVER ROAD CITY/ST/ZIP/CO: TARRYTOWN, NY 10591		

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/ BETH LEVINE	BETH LEVINE, VICE PRESIDENT	7/31/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.