

PhRMA

nselect
RECEIVED

STATE OF NEVADA
NONPROFIT CORPORATION
Registration Form

NOV - 1 2014
K Rut-
SECRETARY OF STATE
ELECTIONS DIVISIONS
#1678

Secretary of State Ross Miller



Name of Nonprofit Corporation:

Pharmaceutical Research and Manufacturers of America

Mailing Address:

950 F Street NW, Suite 300

				Street
Washington	DC	20004	(202) 835-3400	
City	State	Zip	Telephone	

Officers: (Please list the name, title, address and telephone number of each officer)

NAME: Ian Read	ADDRESS: 235 East 42nd Street 16th Floor			
	Street			
TITLE: Chair of Board/Chair & CEO Pfizer	New York	NY	10017	(212) 733-2323
	City	State	Zip	Telephone

NAME: Kenneth C. Frazier	ADDRESS: One Merck Drive			
	Street			
TITLE: Chair-Elect/ Chair & CEO Merck	Whitehouse Station	NJ	08889	(908) 423-1000
	City	State	Zip	Telephone

NAME: George A. Scangos	ADDRESS: 133 Boston Post Road			
	Street			
TITLE: Treasurer of Board/CEO Biogen Idec	Weston	MA	02493	(781) 464-2000
	City	State	Zip	Telephone

NAME: John J. Castellani	ADDRESS: 950 F Street NW Suite 300			
	Street			
TITLE: President and CEO, PhRMA	Washington	DC	20004	(202) 835-3400
	City	State	Zip	Telephone

Submitted By:

x Paul [Signature]
Name of representative of Nonprofit Corporation

11/3/2014
Date

(202) 835-3428
Telephone

Prescribed by Secretary of State
EL405 NRS 294A.225
(Rev. 03/12)

Reset Form

STATE OF NEVADA
NONPROFIT CORPORATION
Registration Form



Secretary of State Ross Miller

Name of Nonprofit Corporation:

Pharmaceutical Research and Manufacturers of America

Mailing Address:

950 F Street NW, Suite 300

		Street		
<u>Washington</u>	<u>DC</u>	<u>20004</u>	<u>(202) 835-3400</u>	
City	State	Zip	Telephone	

Officers: (Please list the name, title, address and telephone number of each officer)

NAME: James M. (Mit) Spears ADDRESS: 950 F Street NW, Suite 300

		Street		
<u>Exec VP, GC & Secretary, PhRMA</u>	<u>Washington</u>	<u>DC</u>	<u>20004</u>	<u>(202) 835-3400</u>
	City	State	Zip	Telephone

NAME: _____ ADDRESS: _____

TITLE: _____

NAME: _____ ADDRESS: _____

TITLE: _____

NAME: _____ ADDRESS: _____

TITLE: _____

Submitted By:

x Paul M
Name of representative of Nonprofit Corporation

11/3/2014
Date

(202) 835-3428
Telephone