# F67000006112

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
	1	
Special Instructions to	Filing Officer:	
	Office Use Only	,
	<i>Y</i> '	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Cell Therapeutics, Inc.	
(Name of corporation - must include suffix)	_
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation transact business in Florida.	to
Please return all correspondence concerning this matter to the following:	
Kathleen Zabawski	
(Name of Person)	_
Cell Therapeutics, Inc.	
(Firm/Company)	
501 Elliott Ave W Ste 400	
(Address)	_
Seattle, WA 98119	
(City/State and Zip code)	_
For further information concerning this matter, please call:	
Kathleen Zabawski at ( 206 ) 272-4389	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  MAILING ADDRESS:  New Filing Section  Division of Corporations	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314	
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy \$87.50 Filing Fee, Certified Copy	us &

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Cell The	erapeutics	, Incorporate	d				
			ED,	" "COMPANY," "CORPORATION,"	•		
"Inc.," "Co.," "C	Corp," "Inc," "Co,"	or "Corp.")					
(If name unavai	lable in Florida, er	nter alternate corporate n	ame	adopted for the purpose of transacting busing	ness in Flor	rida)	
2 Washington 3			3	91-1533912			
(State or country under the law of which it is incorporated)				(FEI number, if applicable)			
4. Septeml	oer 4, 199	1	5.	Perpetual ·			
(Date	e of incorporation)			(Duration: Year corp. will cease to exist of	or "perpetua	al")	
6. New Act		mber 2007		see attached withdrawa	al cert		
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
. 501 Filio	-			attle, Wa 98119		•	
/. <u></u>		(Principal office					
same							
		(Current mailing	add	ress)			
Calaa of	o mool o mu		ioa	.lo			
		pharmaceut		IIS puntry to be carried out in state of Florida)			
` •	•			•	₹.0	2	
9. Name and stre			•	). Box NOT acceptable)	ĘŠ	2007 DEC	
Name:	CT Corporation System 물린						
Office Address: 1200 South Pine Island Road 영화 구					È		
•	Plantation	on		, Florida 33324	OF S	ř	
		(City)		(Zip code)	용적	င္သာ င္	-
10. Registered a	gent's accentan	re.			)> O(r)	ζ,	
_			amii	co of process for the above stated come	wation at	tha nl	aaa

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Please see attached consent form

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: see attached Address: Vice Chairman: Address: \_\_\_ Address: Director: \_\_ Address: **B. OFFICERS** President: see attached Address: \_\_ Vice President: Secretary: \_ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Cykilzolof

(Signature of Director or Officer listed in number 12 of the application)

14. Louis A Biance EVP-Finance and Administration

(Typed or printed name and capacity of person signing application)

### Cell Therapeutics, Inc.

### **Directors**

## **Business Address for All**

Mr. James A. Bianco, M.D.

c/o Cell Therapeutics, Inc. 501 Elliott Ave. W. Ste 400 Seattle, WA 98119

Ms. Mary O. Mundinger, D.P.H.

Mr. Phillip M. Nudelman, Ph.D. Chairman

Mr. Vartan Gregorian

Mr. Jack W. Singer, MD, EVP

Dr. Fred Telling

Mr. John H. Bauer

Mr. Richard Love

# Cell Therapeutics, Inc.

### Officers:

James A. Bianco, M.D. President and Chief Executive Officer

Louis A. Bianco EVP Finance and Administration

Jack Singer, M.D. EVP Chief Medical Officer

Scott Stromatt EVP Clinical Development & Regulatory Affairs

Dan Eramian EVP Corporate Communications

Donald W. Wyatt VP Legal Affairs Secretary



CT 520 Pke Street Suite 985 Seattle, WA 98101

206 622 4511 tel 206 621 8813 fax www.ctlegalsolutions.com

# Florida

# CONSENT TO SERVE AS REGISTERED AGENT

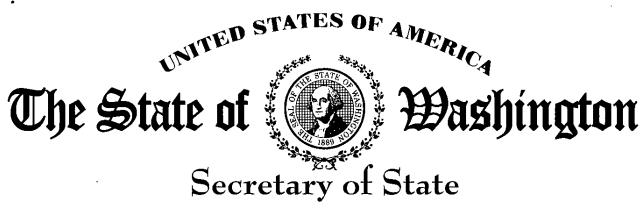
CT Corporation System having been designated to act as Registered Agent
Hereby agrees to act in this capacity for the following company:

Cell Therapeutics, Inc.

CT CORPORATION SYSTEM

Date: November 16, 2007

CT Corporation System 1200 South Pine Island Rd Plantation FL 33324



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

# CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF** CELL THERAPEUTICS, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 9/4/1991.

I FURTHER CERTIFY that as of the date of this certificate, CELL THERAPEUTICS, INC. remains active and has complied with the filing requirements of this office.

Date: November 29, 2007

UBI: 601-339-038

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

· TARRES

Sam Reed, Secretary of State