

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 07 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000005993 (8)**

1. Corporation Name  
**GENZYME CORPORATION**



Principal Place of Business  
**1 KENDALL SQ  
CAMBRIDGE MA 02139**

Mailing Address  
**1 KENDALL SQ  
CAMBRIDGE MA 02139-1562**

<b>3.</b> Date Incorporated or Qualified <b>11/15/1996</b>	<b>3a.</b> Date of Last Report <b>n/a</b>
<b>4.</b> FEI Number <b>06-1047163</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>30</b> Country

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>TERMEER, HENRI A</b>
STREET ADDRESS	<b>65-3 COMMERCIAL WHARF</b>
CITY-ST-ZIP	<b>BOSTON MA 02110</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>LEBSON, EVAN M</b>
STREET ADDRESS	<b>5 ARBETTER DR</b>
CITY-ST-ZIP	<b>FRAMINGHAM MA 01701</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>WIRTH, PETER</b>
STREET ADDRESS	<b>37 HANCOCK ST</b>
CITY-ST-ZIP	<b>BOSTON MA 02114</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>COX, GEOFFREY F</b>
STREET ADDRESS	<b>25 CONSTITUTION DR</b>
CITY-ST-ZIP	<b>SOUTHBOROUGH MA 01772</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>FLEMING, DAVID D</b>
STREET ADDRESS	<b>24 WILWOOD DR</b>
CITY-ST-ZIP	<b>SHERBORN MA 01770</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>HEFFERMAN, JOHN V</b>
STREET ADDRESS	<b>88 PARK AVE</b>
CITY-ST-ZIP	<b>ARLINGTON MA 02174</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **4/29/97** (508) 872-8408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)