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

**PRCFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## OCUMENT # F96000005993

**GENZYME CORPORATION** 

incipal Place of Business

## **FILED** Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90004 027 \*\*\*150.00



		mening riculoss					
		1 KENDALL SQ CAMBRIDGE MA 02139			DO NOT WOITE IN		
					DO NOT WRITE IN 1  3. Date Incorporated or Qualified	THIS SPACE	
					11/15/1996		
Principal	Place of Business	2a. Mailing Address			11/13/1990 4. FEI Number		* 12-al (Con)
	•	26			06-1047163	<b>⊢</b>	Applied For
Suite, Apt	t. #, etc	Suite, Apt. #, etc.	·				Not Applicable
	•	27			5. Certifcate of Status Desired		Additional Required
City & Sta	ate	City & State			6 Flaction Composing Figureing		
		28	28		6. Election Campaign Financing Trust Fund Contribution		<b>0</b> May Be d to Fees
Zip	Country	Zip	Cour	ntry	This corporation owes the current year		1 10 Fees
- <u></u>	25	29	30	•	Personal Property Tax.	ir intangible ☐ Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Register		
^ -		A de la servición de la companya de		81 Name		Tou Age	
	CORPORATION SYSTEM		1	35 St-5-t Ad			
	O SOUTH PINE ISLAND ROAD			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
PLA	INTATION FL 33324		}	83	20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	# 38 \$6 2 H, 2 ;	Control (1)
						記憶器分割	细胞槽。
	a armin north ad			84 City		85 Zip	Code
Pursuant	t to the provisions of Sections 607,0502	2 and 607 1508 Florida Statu	too the at	- Comed co		<u>-L                                     </u>	
office or	registered agent, or both, in the State c	of Florida. Such change was a	authorized	by the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	e of changing in popintment as r	s registered egistered
		ions of, Section 607.0505, Fig	orida Statur	ites.	• • •	<b>/P-</b>	ogiota, c z
SNATURE	Signature, typed or printed name of registered agent	NOT	letorad /				
	OFFICERS AND		E: Registered A	Agent signature requi	DATE  ADDITIONS/CHANCES TO OFFICERO		
	P .	DELETE	1.1 TITE		ADDITIONS/CHANGES TO OFFICERS		
	TERMEER, HENRI A		1			☐ Change	☐ Addition
ET ADDRESS			1.2 NAM		•		
				REET ADDRESS			
-ST-ZIP	BOSTON MA 02110	□ DELETE		Y-ST-ZIP			
	LEBOON EVANIA	☐ DÉLETE	2.1 TITL	1		☐ Change	☐ Addition
	LEBSON, EVAN M		2.2 NAM				
ET ADDRESS			2.3 STR	REET ADDRESS			
ST-ZIP	FRAMINGHAM MA 01701		2.4 CIT	Y-ST-ZIP			
	Most ray critical				-··		
	WIRTH, PETER	☐ DELETE	3.1 TITL	E		☐ Change	Addition
ETADORESS		☐ DELETE	3.1 TITLE 3.2 NAM			☐ Change	Addition
ST-ZIP	37 HANCOCK ST	☐ DELETE	3.2 NAM		The Market Service (1999)	Change	Addition
	37 HANCOCK ST BOSTON MA 02114	☐ DELETE	3.2 NAM 3.3 STRE	AE .		Change	Addition
(	37 HANCOCK ST BOSTON MA 02114 V	☐ DELETE	3.2 NAM 3.3 STRE	ME REET ADDRESS Y-ST-ZIP			
7 . **	37 HANCOCK ST BOSTON MA 02114		3.2 NAM 3.3 STRE 3.4. CITY	AEET ADDRESS Y-ST-ZIP		☐ Change	
ETADDRESS	37 HANCOCK ST BOSTON MA 02114 V		3.2 NAM 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM	AEET ADDRESS Y-ST-ZIP			
ET ADDRESS ST-ZIP	37 HANCOCK ST BOSTON MA 02114 V FLEMING, DAVID D		3.2 NAM 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE	ME REET ADDRESS Y-ST-ZIP E ME REET ADDRESS			
٠.	37 HANCOCK ST BOSTON MA 02114 V FLEMING, DAVID D 24 WILWOOD DR		3.2 NAM 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM	ME MEET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP		denge in the control of the control	Addition
٠.	37 HANCOCK ST BOSTON MA 02114 V FLEMING, DAVID D 24 WILWOOD DR SHERBORN MA 01770	☐ DELETE	3.2 NAM 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	ME LEET ADDRESS Y-ST-ZIP E ME EET ADORESS (-ST-ZIP E			
٠.	37 HANCOCK ST BOSTON MA 02114 V FLEMING, DAVID D 24 WILWOOD DR SHERBORN MA 01770 V HEFFERMAN, JOHN V	☐ DELETE	3.2 NAM 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME	ME LEET ADDRESS Y-ST-ZIP E ME EET ADORESS (-ST-ZIP E		denge in the control of the control	Addition
ST-ZIP	37 HANCOCK ST BOSTON MA 02114 V FLEMING, DAVID D 24 WILWOOD DR SHERBORN MA 01770 V HEFFERMAN, JOHN V 88 PARK AVE	☐ DELETE	3.2 NAM 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME	ME LEET ADDRESS Y-ST-ZIP E ME LEET ADORESS (-ST-ZIP E LEET ADDRESS		denge in the control of the control	Addition
ST-ZIP	37 HANCOCK ST BOSTON MA 02114 V FLEMING, DAVID D 24 WILWOOD DR SHERBORN MA 01770 V HEFFERMAN, JOHN V 88 PARK AVE ARLINGTON MA 02174	☐ DELETE	3.2 NAM 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE	ME  VEET ADDRESS Y-ST-ZIP  E  ME  EET ADORESS (-ST-ZIP  E  EET ADDRESS -ST-ZIP		Change	Addition
ST-ZIP	37 HANCOCK ST BOSTON MA 02114 V FLEMING, DAVID D 24 WILWOOD DR SHERBORN MA 01770 V HEFFERMAN, JOHN V 88 PARK AVE ARLINGTON MA 02174	☐ DELETE	3.2 NAM 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY 6.1 TITLE	ME  VEET ADDRESS  Y-ST-ZIP  E  ME  EET ADORESS  (-ST-ZIP  E  EET ADDRESS  F-ST-ZIP  E  EET ADDRESS		denge in the control of the control	Addition
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ST-ZIP	37 HANCOCK ST BOSTON MA 02114 V FLEMING, DAVID D 24 WILWOOD DR SHERBORN MA 01770 V HEFFERMAN, JOHN V 88 PARK AVE ARLINGTON MA 02174	☐ DELETE	3.2 NAM 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 5.1 TITLE 5.2 NAME 5.3 STRE 6.4 CITY- 6.1 TITLE 6.2 NAME 6.3 STRE	ME  VEET ADDRESS  Y-ST-ZIP  E  ME  EET ADORESS  (-ST-ZIP  E  EET ADDRESS  F-ST-ZIP  E  EET ADDRESS		Change	Addition

hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 slock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

LE REQUIRED

CR2E034 (11/98)