2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9600005993 Jul 25, 2000 8:00 am 1. Entity Name Secrétary of State GENZYME CORPORATION 07-25-2000 90095 027 ***550.00 Principal Place of Business Mailing Address 1 KENDALL SQ 1 KENDALL SO CAMBRIDGE MA 02139 CAMBRIDGE MA 02139 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 06-1047163 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete TERMEER, HENRI A NAME NAME STREET ADDRESS STREET ADDRESS 65-3 COMMERCIAL WHARF CITY-ST-ZIP CITY-ST-7IP BOSTON MA 02110 ☐ Addition Change TITLE TITLE ☐ Delete LEBSON, EVAN M NAME NAME STREET ADDRESS STREET ADDRESS 5 ARBETTER DR CITY-ST-ZIP CITY-ST-ZIP FRAMINGHAM MA 01701 ☐ Addition ☐ Delete TITLE Change TITLE NAME WIRTH, PETER NAME STREET ADDRESS STREET ADDRESS 37 HANCOCK ST CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02114** ☐ Delete TITLE ☐ Change ☐ Addition FLEMING, DAVID D NAME NAME 24 WILWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHERBORN MA 01770 Delete ☐ Change ☐ Addition TITLE TITLE NAME HEFFERMAN, JOHN V NAME STREET ADDRESS STREET ADDRESS 88 PARK AVE CITY-ST-ZIP CITY-ST-ZIP **ARLINGTON MA 02174** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SCALATURE COURED SIGNATURE AND TYPED OF PRINTED NAME OF STONING OFFICER OR DIRECTOR

7/13/00 (508)270-2136

CH2E034 (5/00