

2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90331 017 \*\*\*150.00

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03152007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F96000005993</b>					
1. Entity Name <b>GENZYME CORPORATION</b>					
Principal Place of Business <b>500 KENDALL STREET CAMBRIDGE, MA 02142</b>			Mailing Address <b>500 KENDALL STREET CAMBRIDGE, MA 02142</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>06-1047163</b>	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION, FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PDC</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TERMEER, HENRI A</b>		NAME		
STREET ADDRESS	<b>500 KENDALL STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAMBRIDGE, MA 02142</b>		CITY-ST-ZIP		
TITLE	<b>SVP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WYZGA, MICHAEL S</b>		NAME		
STREET ADDRESS	<b>500 KENDALL STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAMBRIDGE, MA 02142</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WIRTH, PETER</b>		NAME		
STREET ADDRESS	<b>500 KENDALL STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAMBRIDGE, MA 02142</b>		CITY-ST-ZIP		
TITLE	<b>AS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HESSLEIN, ROBERT W</b>		NAME		
STREET ADDRESS	<b>500 KENDALL STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAMBRIDGE, MA 02142</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TERMER, HENRI A</b>		NAME	<b>Termeer, Henri A</b>	
STREET ADDRESS	<b>500 KENDALL STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAMBRIDGE, MA 02142</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COONEY, CHARLES L</b>		NAME		
STREET ADDRESS	<b>500 KENDALL STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAMBRIDGE, MA 02142</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Peter Wirth, Secretary</b>			March 16, 2007 617-252-7500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

