




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90002 011 ***550.00

DOCUMENT # F99000001454					
1. Entity Name CELLTECH PHARMACEUTICALS, INC.					
Principal Place of Business 755 JEFFERSON ROAD ROCHESTER, NY 14623		Mailing Address 755 JEFFERSON ROAD ROCHESTER, NY 14623		<p style="text-align: center; font-size: 24pt;">54068581</p> 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08092004 Chg-P CR2E034 (10/03) 4. FEI Number 75-1984155 Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent	
				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, INGELISE		NAME	INGELISE SAUNDERS	
STREET ADDRESS	216 BATH ROAD		STREET ADDRESS	216 BATH ROAD	
CITY-ST-ZIP	SLOUGH BERKS, FL sl14en		CITY-ST-ZIP	SLOUGH BERKS, UK SL1 3WG	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARBUCKLE, STUART		NAME	PETER ALLEN	
STREET ADDRESS	755 JEFFERSON ROAD		STREET ADDRESS	216 BATH ROAD	
CITY-ST-ZIP	ROCHESTER, NY		CITY-ST-ZIP	SLOUGH BERKS, UK SL1 3WG	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, GAIL		NAME		
STREET ADDRESS	755 JEFFERSON ROAD		STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER, NY		CITY-ST-ZIP		
TITLE	COOT	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARLAND, IAN R		NAME	STEPHEN LASALLG	
STREET ADDRESS	755 JEFFERSON ROAD		STREET ADDRESS	755 JEFFERSON RD.	
CITY-ST-ZIP	ROCHESTER, NY		CITY-ST-ZIP	ROCHESTER, NY	
TITLE	DCT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORP, KEITH R		NAME		
STREET ADDRESS	755 JEFFERSON RD.		STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER, NY		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			8/10/04 585 274 5370		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		