


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90197 026 ***150.00

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
2. Principal Place of Business SAME	3. Mailing Address SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 75-1984155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name N/A
	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 N/A _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCEO	NAME SIMON, CARMEL	TITLE	INGELISE SAUNDERS
STREET ADDRESS 216 BATH ROAD	CITY-ST-ZIP SLOUGH BERKS FL SL-14EN	STREET ADDRESS 216 Bath Road	SLOUGH BERKS
<input checked="" type="checkbox"/> Delete		CITY-ST-ZIP SL1 4EN UK	(DIRECTOR)
TITLE	NAME STUART, AIRBUCKLE	TITLE	Spelling
STREET ADDRESS 755 JEFFERSON ROAD	CITY-ST-ZIP ROCHESTER NY	STREET ADDRESS Arbuckle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		CITY-ST-ZIP	
TITLE	NAME S GAIL, MORRIS	TITLE	Spelling
STREET ADDRESS 755 JEFFERSON ROAD	CITY-ST-ZIP ROCHESTER NY	STREET ADDRESS Norris	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		CITY-ST-ZIP	
TITLE	NAME D GARLAND, IAN R	TITLE	Chief Operating Officer & Treasurer
STREET ADDRESS 755 JEFFERSON ROAD	CITY-ST-ZIP ROCHESTER NY	STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete		CITY-ST-ZIP	
TITLE	NAME DCT THORP, KEITH R	TITLE	755 Jefferson Road
STREET ADDRESS 755 JEFFERSON STREET	CITY-ST-ZIP ROCHESTER NY	STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		CITY-ST-ZIP	
TITLE	NAME	TITLE	
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: SIGNATURE REQUIRED **1/13/03** **505-475-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #