

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004083

1. Entity Name

CELL TRANSPLANT SOCIETY, INC.

Principal Place of Business

1450 NW 10TH AVENUE, ROOM 3061
MIAMI FL 33136

Mailing Address

1450 NW 10TH AVENUE, ROOM 3061
MIAMI FL 33136

2. Principal Place of Business

Suite, Apt. #, etc.

Room 6030

City & State

3. Mailing Address

Suite, Apt. #, etc.

Room 6030

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0768246

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICORDI, CAMILLO MD
1450 NW 10TH AVENUE
MIAMI FL 33136

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.

SIGNATURE CAMILLO RICORDI, M.D., Executive Director

3/07/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE SD Delete
NAME COLTON, CLARK D
STREET ADDRESS 77 MASSACHUSETTS AVE
CITY-ST-ZIP CAMBRIDGE MA 02139

TITLE TD Delete
NAME RICORDI, CAMILLO D
STREET ADDRESS 1450 N W 10TH AVE ROOM 3061
CITY-ST-ZIP MIAMI FL 33136

TITLE PD Delete
NAME AEBISHER, PATRICK
STREET ADDRESS CHUV, PAVILLON 3
CITY-ST-ZIP LAUSANNE SW CH-10-1

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Treasurer Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Executive Director Change Addition
NAME Ricordi, Camillo
STREET ADDRESS 1450 NW 10 Ave., Room 6030
CITY-ST-ZIP

TITLE President Change Addition
NAME Collin-Weber, M.D.
STREET ADDRESS 1639 Pierce Dr. Room 5105
CITY-ST-ZIP Atlanta, GA 30322

TITLE Secretary Change Addition
NAME Jacques Tremblay, Ph.D.
STREET ADDRESS 2705 Boul. Laurier, Ste Foy
CITY-ST-ZIP P.O., Canada G1V 4G2

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 617, 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:

CAMILLO RICORDI, M.D. (Signature)

3/07/02

305-243-6913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)