

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90056 008 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P36072

1. Corporation Name
DEKNATEL, INC.

Principal Place of Business
 600 AIRPORT RD
 FALL RIVER MA 02720
 US

Mailing Address
 600 AIRPORT RD
 FALL RIVER MA 02720
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/28/1991

4. FEI Number **04-3132370**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYES STREET
 TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
 NAME **SCHULTE, GEORGE J.**
 STREET ADDRESS **ONE KENDALL SQ**
 CITY-ST-ZIP **CAMBRIDGE MA 02139**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP **See Attached**

TITLE **D** DELETE
 NAME **MCLACHLAN, DAVID J.**
 STREET ADDRESS **ONE KENDALL SQUARE**
 CITY-ST-ZIP **CAMBRIDGE MA 02139**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **VAN HECK, G. JAN**
 STREET ADDRESS **ONE KENDALL SQUARE**
 CITY-ST-ZIP **CAMBRIDGE MA 02139**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **V** DELETE
 NAME **FARRAR, QUINTON J**
 STREET ADDRESS **600 AIRPORT RD**
 CITY-ST-ZIP **FALL RIVER MA**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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

SIGNATURE:

Thomas Connolly
THOMAS CONNOLLY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/99
 Daytime Phone #

CR2E034 (1/98)

247631-90026-8
P36072

Attachment A

GENZYME SURGICAL PRODUCTS CORPORATION

04-3132370

Effective 09/10/98

Directors
Name

Residential
Address

Business
Address

Name	Business Address	Residential Address
Earl M. Collier	One Kendall Square Cambridge, MA 02139	N/A
David J. McLachlan 031-28-1828	One Kendall Square Cambridge, MA 02139	51 Brentwood Street Chelmsford, MA 01824
Henri A. Termeer	One Kendall Square Cambridge, MA 02139	N/A

247631-90056-8
P34072

Attachment A

GENZYME SURGICAL PRODUCTS CORPORATION

04-3132370

Effective 09/10/98

Officers Name	Residential Address	Business Address
Earl M. Collier, Jr. President	N/A	One Kendall Square Cambridge, MA 02139
Quinton J. Farrar 005-64-7562 Executive VicePresident Q.A. & R.A.	11 Colleen Drive Lakeville, MA 02346	600 Airport Road Fall River, MA 02720
John R. Connolly 080-44-5689 Executive Vice President	160 Pino Verde Lane Williamsville, NY 14221	600 Airport Road Fall River, MA 02720
David McLachlan Chief Financial Officer	Unavailable	One Kendall Square Cambridge, MA 02139
Evan Lebson 154-32-8817 Treasurer	5 Arbetter Drive Framingham, MA 01710	One Kendall Square Cambridge, MA 02139
Peter Wirth Secretary	Unavailable	One Kendall Square Cambridge, MA 02139
Robert W. Hesslein Assistant Secretary	Unavailable	One Kendall Square Cambridge, MA 02139