

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36072

1. Entity Name

GENZYME SURGICAL PRODUCTS CORPORATION

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90058 018 ***150.00

Principal Place of Business

AIRPORT RD
 RIVER MA 02720

Mailing Address

600 AIRPORT RD
 FALL RIVER MA 02720-4735
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **04-3132370**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCLACHLAN, DAVID J.	
STREET ADDRESS	ONE KENDALL SQUARE	
CITY-ST-ZIP	CAMBRIDGE MA 02139	
TITLE	V	<input type="checkbox"/> Delete
NAME	FARRAR, QUINTON J	
STREET ADDRESS	600 AIRPORT RD	
CITY-ST-ZIP	FALL RIVER MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Please see attached

13. 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 11 or Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

John R. Connelly 4/27/00

Date Daytime Phone #

CR2E034 (9/99)

#36072
B0090884

Attachment A

GENZYME SURGICAL PRODUCTS CORPORATION

04-3132370

Effective 06/01/99

**Directors
Name**

**Residential
Address**

**Business
Address**

Name

Business Address

Residential Address

Earl M. Collier

One Kendall Square
Cambridge, MA 02139

3607 Lowell Street
Washington, DC 20016

Michael Wizga
031-28-1828

One Kendall Square
Cambridge, MA 02139

51 Brentwood Street
Chelmsford, MA 01824

Henri A. Termeer

One Kendall Square
Cambridge, MA 02139

65 Commercial Warf # 3
Boston, MA 02110