

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

Mailing Address

AIRPORT RD
FALL RIVER MA 02720

600 AIRPORT RD
FALL RIVER MA 02720-4735
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-3132370**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	MCLACHLAN, DAVID J.	ONE KENDALL SQUARE	CAMBRIDGE MA 02139	☐
V	FARRAR, QUINTON J	600 AIRPORT RD	FALL RIVER MA	☐
				☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
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 an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Connelly

Date

4/27/00

Daytime Phone #

CR2E034 (9/99)

P 36072
150090884

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