

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90113 005 ***150.00

DOCUMENT # P36072

1. Entity Name
GENZYME SURGICAL PRODUCTS CORPORATION

Principal Place of Business

600 AIRPORT RD
 FALL RIVER MA 02720
 US

Mailing Address

600 AIRPORT RD
 FALL RIVER MA 02720
 US

856896

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

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 re-instating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D EARL M. COLLIER, JR. ONE KENDALL SQUARE CAMBRIDGE, MA 02139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHN R. CONNELLY ONE KENDALL SQUARE CAMBRIDGE, MA 02139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVAN M. LEBSON ONE KENDALL SQUARE CAMBRIDGE, MA 02139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETER WIRTH ONE KENDALL SQUARE CAMBRIDGE, MA 02139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY A. TERMEER ONE KENDALL SQUARE CAMBRIDGE, MA 02139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL S. WYZGA ONE KENDALL SQUARE CAMBRIDGE, MA 02139	☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER WIRTH

04/16/01

Date

617-252-7500

Daytime Phone #

CR2E034 (10/00)