2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State
08-17-2004 90002 011 ***550.00

DOCUMENT # F99000001454

1. Entity Name
CELLTECH PHARMACEUTICALS, INC.

54068581

Principal Place of Business	Mailing Address
755 JEFFERSON ROAD ROCHESTER, NY 14623	755 JEFFERSON ROAD ROCHESTER, NY 14623

08092004 Chg-P CR2E034 (10/03)

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 75-1984155 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAUNDERS, INGELISE 216 BATH ROAD SLOUGH BERKS, FL sl14en	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGELISE SAUNDERS 216 BATH ROAD SLOUGH BERKS, UK SL1 3WG	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ARBUCKLE, STUART 755 JEFFERSON ROAD ROCHESTER, NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETER ALLEN 216 BATH ROAD SLOUGH BERKS. UK SL1 3WG	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NORRIS, GAIL 755 JEFFERSON ROAD ROCHESTER, NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COOT GARLAND, IAN R 755 JEFFERSON ROAD ROCHESTER, NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V STEPHEN LASALLE 755 JEFFERSON RD. ROCHESTER, NY	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCT THORP, KEITH R 755 JEFFERSON RD. ROCHESTER, NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 607, 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: _____ 8/10/04 585 274 5370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #