
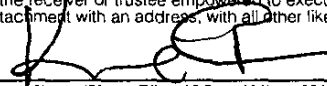


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90030 005 \*\*\*150.00

<b>DOCUMENT # F01000003316</b>					
1. Entity Name <b>CONNETICS CORPORATION</b>					
Principal Place of Business <b>3290 WEST BAYSHORE ROAD PALO ALTO, CA 94303</b>			Mailing Address <b>3290 WEST BAYSHORE ROAD PALO ALTO, CA 94303</b>		
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 <b>94-3173928</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIGGANS, THOMAS G		NAME		
STREET ADDRESS	3290 WEST BAYSHORE RD		STREET ADDRESS		
CITY-ST-ZIP	PALO ALTO, CA 94303		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGINS, JOHN L		NAME	CFO	
STREET ADDRESS	3290 WEST BAYSHORE RD		STREET ADDRESS	Higgins, John L.	
CITY-ST-ZIP	PALO ALTO, CA 94303		CITY-ST-ZIP	3290 West Bayshore Rd.	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHURCH, KATRINA J		NAME		
STREET ADDRESS	3290 WEST BAYSHORE RD		STREET ADDRESS		
CITY-ST-ZIP	PALO ALTO, CA 94303		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARKAS, ALEXANDER E		NAME		
STREET ADDRESS	3290 WEST BAYSHORE RD		STREET ADDRESS		
CITY-ST-ZIP	PALO ALTO, CA 94303		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAAB, G. KIRK		NAME		
STREET ADDRESS	3290 WEST BAYSHORE RD		STREET ADDRESS		
CITY-ST-ZIP	PALO ALTO, CA 94303		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGORY, VONTZ C		NAME	COO	
STREET ADDRESS	3290 WEST BAYSHORE RD		STREET ADDRESS	Vontz, C. Gregory	
CITY-ST-ZIP	PALO ALTO, CA 94303		CITY-ST-ZIP	3290 West Bayshore Rd.	
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:  Katrina J. Church 2/2/04 (650) 843-2843					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					