
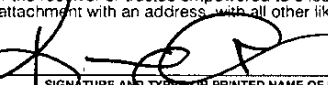


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90567 003 ***150.00

DOCUMENT # F01000003316 1. Entity Name CONNETICS CORPORATION					
Principal Place of Business 3290 WEST BAYSHORE ROAD PALO ALTO, CA 94303			Mailing Address 3290 WEST BAYSHORE ROAD PALO ALTO, CA 94303		
2. Principal Place of Business 3160 Porter Drive <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3160 Porter Drive <small>Suite, Apt. #, etc.</small>		04062005 Chg-P CR2E034 (10/03)	
City & State Palo Alto, CA		City & State Palo Alto, CA		4. FEI Number 94-3173928	
Zip 94304		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	PD WIGGANS, THOMAS G 3290 WEST BAYSHORE RD PALO ALTO, CA 94303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & Director Wiggans, Thomas G. 3160 Porter Drive Palo Alto, CA 94304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HIGGINS, JOHN L 3290 WEST BAYSHORE RD PALO ALTO, CA 94303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Higgins, John L. 3160 Porter Drive Palo Alto, CA 94304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHURCH, KATRINA J 3290 WEST BAYSHORE RD PALO ALTO, CA 94303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Church, Katrina J. 3160 Porter Drive Palo Alto, CA 94304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKAS, ALEXANDER E 3290 WEST BAYSHORE RD PALO ALTO, CA 94303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barkas, Alexander E. 3160 Porter Drive Palo Alto, CA 94304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RAAB, G. KIRK 3290 WEST BAYSHORE RD PALO ALTO, CA 94303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Raab, G. Kirk 3160 Porter Drive Palo Alto, CA 94304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GREGORY, VONTZ C 3290 WEST BAYSHORE RD PALO ALTO, CA 94303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & COO Vontz C. Gregory 3160 Porter Drive Palo Alto, CA 94304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: 			Katrina J. Church 13 APR 05 650-843-2843		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		