

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000004848	
1. Entity Name CELL THERAPEUTICS, INC.	

Principal Place of Business 501 ELLIOT AVE., WEST, STE. 400 SEATTLE, WA 98119	Mailing Address 501 ELLIOT AVE., WEST, STE. 400 SEATTLE, WA 98119
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DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 91-1533912	Applied For ☐ Not Applicable
5. Certificate of Status Desired. ☐ \$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	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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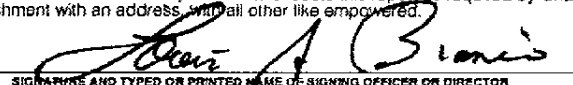
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIANCO, JAMES A 501 ELLIOT AVE., WEST, STE. 400 SEATTLE, WA 98119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SINGER, JACK W 501 ELLIOT AVE., WEST, STE. 400 SEATTLE, WA 98119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNEDY, MIKE 501 ELLIOT AVE., WEST, STE. 400 SEATTLE, WA 98119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIANCO, LOUIS A 501 ELLIOT AVE., WEST, STE. 400 SEATTLE, WA 98119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LINK, MAX E 501 ELLIOT AVE., WEST, STE. 400 SEATTLE, WA 98119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, JACK 501 ELLIOT AVE., WEST, STE. 400 SEATTLE, WA 98119

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02/23/04-80045-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, and all other like empowered.

SIGNATURE: 	DATE: 2/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	