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

01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BIANCO, JAMES A
STREET ADDRESS	501 ELLIOT AVE., WEST, STE. 400
CITY-ST-ZIP	SEATTLE, WA 98119
TITLE	VD
NAME	SINGER, JACK W
STREET ADDRESS	501 ELLIOT AVE., WEST, STE. 400
CITY-ST-ZIP	SEATTLE, WA 98119
TITLE	S
NAME	KENNEDY, MIKE
STREET ADDRESS	501 ELLIOT AVE., WEST, STE. 400
CITY-ST-ZIP	SEATTLE, WA 98119
TITLE	V
NAME	BIANCO, LOUIS A
STREET ADDRESS	501 ELLIOT AVE., WEST, STE. 400
CITY-ST-ZIP	SEATTLE, WA 98119
TITLE	DC
NAME	LINK, MAX E
STREET ADDRESS	501 ELLIOT AVE., WEST, STE. 400
CITY-ST-ZIP	SEATTLE, WA 98119
TITLE	D
NAME	BOWMAN, JACK
STREET ADDRESS	501 ELLIOT AVE., WEST, STE. 400
CITY-ST-ZIP	SEATTLE, WA 98119

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02/23/04-80045-017 150.00

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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: _____ 2/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #