

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*10023*

**FILED**

03 FEB 12 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F0100004848**  
1. Entity Name  
CELL THERAPEUTICS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
501 ELLIOT AVE., WEST STE 400  
Suite, Apt. #, etc.

3. Mailing Address  
501 ELLIOT AVE., WEST STE 400  
Suite, Apt. #, etc.

*12/30/02 - 01083 008-550.0*  
DO NOT WRITE IN THIS SPACE

City & State  
SEATTLE, WA

Zip  
98119

Country  
KING

4. FEI Number  
91-1533912

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD

City  
PLANTATION

FL Zip Code  
33324

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 \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

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

**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	
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	
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	<b>DO NOT WRITE IN THIS SPACE</b>
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	
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEE ATTACHED SHEET FOR ADDITIONAL DIRECTORS AND OFFICERS	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Louis A. Bianco* EVP Louis A. Bianco **2/5/2003** **206.282.7100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2013

**OFFICERS AND DIRECTORS (CONT.)**

D  
BOWMAN, JACK  
501 ELLIOT AVE., WEST, SUITE 400  
SEATTLE, WA 98119

D  
FLUKE, JOHN  
501 ELLIOT AVE., WEST, SUITE 400  
SEATTLE, WA 98119

D  
GREGORIAN, VARTAN  
501 ELLIOT AVE., WEST, SUITE 400  
SEATTLE, WA 98119

D  
MUNDINGER, MARY  
501 ELLIOT AVE., WEST, SUITE 400  
SEATTLE, WA 98119

D  
NUDELMAN, PHILLIP  
501 ELLIOT AVE., WEST, SUITE 400  
SEATTLE, WA 98119

D  
SUTTER, MARTIN  
501 ELLIOT AVE., WEST, SUITE 400  
SEATTLE, WA 98119

V  
KENNEY, EDWARD F.  
501 ELLIOT AVE., WEST, SUITE 400  
SEATTLE, WA 98119

V  
CANFIELD, JAMES  
501 ELLIOT AVE., WEST, SUITE 400  
SEATTLE, WA 98119

V  
MUMFORD, MICHAEL  
501 ELLIOT AVE., WEST, SUITE 400  
SEATTLE, WA 98119



501 Elliott Ave. W. #400  
Seattle, WA 98119

T 206.282.7100  
F 206.284.6206

3013

February 4, 2003

Ms. Michelle Milligan  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Ms. Milligan:

Thank you for taking the time to discuss the notice we received from the Division of Corporations (copy enclosed) on January 23, 2003. Enclosed is our 2003 Uniform Business Report filing. Per your request I am mailing the filing directly to you.

We are still not clear why one of our former employees sent in a timely filed 2002 UBI form and payment, but without all the necessary information. Our second filing and the payment of an additional \$550 was my error and appears to have only compounded the problem.

Please accept the enclosed 2003 filing, and start the refund process to have the excess funds returned back to the company.

Thank you very much for your help and assistance in getting this situation straightened out. Please contact me if you have any questions or concerns.

Sincerely,

Pavan K. Mohan  
Tax Manager

Direct Phone: 206-272-4224

Direct Fax: 206-272-4324

e-mail: pmohan@citseattle.com

Refund 400.00

12/30/02 - 01083-008 -  
\$550.00