


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90331 015 ***150.00

DOCUMENT # F02000000600

1. Entity Name
MILLENNIUM PHARMACEUTICALS, INC.



Principal Place of Business
**40 LANASAWNE ST.
 CAMBRIDGE, MA 02319**

Mailing Address
**40 LANASAWNE ST.
 CAMBRIDGE, MA 02319**

50037986



2. Principal Place of Business
40 LANASAWNE STREET

3. Mailing Address
40 LANASAWNE STREET

Suite, Apt. #, etc.

04062005 Chg-P CR2E034 (10/03)

City & State
CAMBRIDGE, MA

City & State
CAMBRIDGE, MA

Zip
02139

Zip
02139

Country

4. FEI Number
04-3177038

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	PCD LEVIN, MARK J 40 LANASAWNE ST. CAMBRIDGE, MA 02319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BATE, KENNETH 40 LANASAWNE ST. CAMBRIDGE, MA 02139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DOUGLAS, JOHN B III 40 LANASAWNE ST. CAMBRIDGE, MA 02319 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOBERT, TEPPER 40 LANASAWNE ST. CAMBRIDGE, MA 02139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORDO, DAVID N 40 LANASAWNE ST. CAMBRIDGE, MA 02139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PINE, LINDA K 40 LANASAWNE ST CAMBRIDGE, MA 02319 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 LANASAWNE STREET CAMBRIDGE, MA 02139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO MARSHA H. FANUCCI 40 LANASAWNE STREET CAMBRIDGE, MA 02139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VS LAURIE KENTING 40 LANASAWNE STREET CAMBRIDGE, MA 02139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 LANASAWNE STREET CAMBRIDGE, MA 02139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 LANASAWNE STREET CAMBRIDGE, MA 02139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 LANASAWNE STREET CAMBRIDGE, MA 02139

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marsha H. Fanucci **MARSHA H. FANUCCI** **4-14-05** **6176797269**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

#F02000000600
50037986

Attachment to Florida Foreign Profit Corporation Annual Report
MILLENNIUM PHARMACEUTICALS, INC.
Officers & Directors

Name

Business Address

Officers

Bruce Leicher
Assistant Secretary

40 Landsdowne Street
Cambridge, MA 02139

Joel Goldberg
Assistant Secretary

40 Landsdowne Street
Cambridge, MA 02139

Jean L. Ernst
Assistant Secretary

40 Landsdowne Street
Cambridge, MA 02139

Directors

Shaun R. Coughlin

40 Landsdowne Street
Cambridge, MA 02139

A. Grant Heidrich III

40 Landsdowne Street
Cambridge, MA 02139

Charles J. Homcy

40 Landsdowne Street
Cambridge, MA 02139

Raju S. Kucherlapati

40 Landsdowne Street
Cambridge, MA 02139

Eric S. Lander

40 Landsdowne Street
Cambridge, MA 02139

Norman C. Selby

40 Landsdowne Street
Cambridge, MA 02139

Kenneth E. Weg

40 Landsdowne Street
Cambridge, MA 02139