


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000000600	
1. Entry Name MILLENNIUM PHARMACEUTICALS, INC.	

Principal Place of Business 40 LANDSDOWNE STREET CAMBRIDGE, MA 02319	Mailing Address 40 LANDSDOWNE STREET CAMBRIDGE, MA 02319
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DO NOT WRITE IN THIS SPACE

03312008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3177038	Applied For Not Applicable
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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

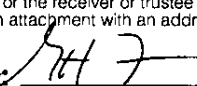
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000899083 04/28/08-80024-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DUNSIRE, DEBORAH 40 LANDSDOWNE STREET CAMBRIDGE, MA 02319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FANUCCI, MARSHA H 40 LANASOWNE ST. CAMBRIDGE, MA 02139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDBERG, JOEL 40 LANDSDOWNE ST CAMBRIDGE, MA 02319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIANCHI, CHRISTOPHE 40 LANDSDOWNE STREET CAMBRIDGE, MA 02319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEGOG, TODD 40 LANDSDOWNE STREET CAMBRIDGE, MA 02139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GANSLER, STEVE 40 LANDSDOWNE STREET CAMBRIDGE, MA 02319

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 FANUCCI SVI & CFO 4.7.08 (617) 551-4909

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