

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000600

FILED
Apr 13, 2009
Secretary of State

Entity Name: MILLENNIUM PHARMACEUTICALS, INC.

Current Principal Place of Business:

40 LANDSDOWNE STREET
CAMBRIDGE, MA 02319

New Principal Place of Business:

Current Mailing Address:

40 LANDSDOWNE STREET
CAMBRIDGE, MA 02319

New Mailing Address:

FEI Number: 04-3177038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: DUNSIRE, DEBORAH
Address: 40 LANDSDOWNE STREET
City-St-Zip: CAMBRIDGE, MA 02319

Title: CFO (X) Delete
Name: FANUCCI, MARSHA H
Address: 40 LANASOWNE ST.
City-St-Zip: CAMBRIDGE, MA 02139

Title: S () Delete
Name: GOLDBERG, JOEL
Address: 40 LANDSDOWNE ST
City-St-Zip: CAMBRIDGE, MA 02319

Title: V () Delete
Name: BIANCHI, CHRISTOPHE
Address: 40 LANDSDOWNE STREET
City-St-Zip: CAMBRIDGE, MA 02319

Title: T () Delete
Name: SHEGOG, TODD
Address: 40 LANDSDOWNE STREET
City-St-Zip: CAMBRIDGE, MA 02139

Title: V () Delete
Name: GANSLER, STEVE
Address: 40 LAMDSOWNE STREET
City-St-Zip: CAMBRIDGE, MA 02319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KEATING, LAURIE
Address: 40 LANDSDOWNE ST
City-St-Zip: CAMBRIDGE, MA 02319

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD SHEGOG

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04/13/2009

Electronic Signature of Signing Officer or Director

Date