2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000005205

Entity Name: VIACELL, INC.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Oct 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 245 FIRST ST 15TH FL CAMBRIDGE, MA 02142 **Current Mailing Address: New Mailing Address:** 940 WINTER STREET 245 FIRST ST 15TH FL CAMBRIDGE, MA 02142 ATTN: J. PEARL WALTHAM, MA 02451 FEI Number: 04-3244816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREENSPOON MARDER, P.A. C T CORPORATION SYSTEM 100 W. CYPRESS CREEK ROAD 1200 SOUTH PINE ISLAND ROAD SUITE 700 PLANTATION, FL 33324 FT. LAUDERDALE, FL 33309 US 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: C T CORPORATION SYSTEM 10/20/2009 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CORBETT, JAMES Name: Name: 245 FIRST ST 15TH FL Address: Address: City-St-Zip: CAMBRIDGE, MA 02142 City-St-Zip: CFO Title: **VPS** Title: () Delete (X) Change () Addition HEALY, JOHN L Name: THERO, JOHN Name: 245 FIRST ST 15TH FL 940 WINTER STREET Address: Address: CAMBRIDGE, MA 02142 WALTHAM, MA 02451 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete LETCHER, JOHN Name: Name: 940 WINTER STREET Address Address: City-St-Zip: City-St-Zip: WALTHAM, MA 02451 Title: () Delete Title: () Change (X) Addition FRANCISCO, DAVID C Name: Name: Address: Address: 940 WINTER STREET City-St-Zip: City-St-Zip: WALTHAM, MA 02451

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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: JOHN L. HEALY VPS 10/20/2009

() Delete

() Delete

() Change (X) Addition

() Change (X) Addition

POTTHOFF, MARY E

940 WINTER STREET

WALTHAM, MA 02451

940 WINTER STREET

WALTHAM, MA 02451

OLIVER, KEVIN A