

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
THE MEDICINES COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,050.00

R/K

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 NOV -9 PM 1:23

SECRETARY OF STATE
FLORIDA, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000002754

1. Corporation Name

The Medicines Company

2. Principal Office Address - No P.O. Box #

8 Sylvan Way

Suite, Apt. #, etc.

City & State

Parsippany, NJ

Zip

07054

Country

USA

3. Mailing Office Address

8 Sylvan Way

Suite, Apt. #, etc.

City & State

Parsippany, NJ

Zip

07054

Country

USA

CR28061 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5/24/2007

5. FEI Number

04-3324394

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

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

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Connie Bryon
REGISTERED AGENT MUST SIGN

Connie Bryon
Assistant Secretary

Date 11/09/2011

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached Sheet		

REINSTATEMENT

05-11

10. E-mail Address: PAUL.ANTINORI@THEMEDCO.COM

(if report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.

SIGNATURE:

William O'Connor

William O'Connor, CAO

November 8, 2011

973-290-6094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PA

The Medicines Company

Officers and Directors

Officers

Name	Office	Address
Clive A. Meanwell	Chief Executive Officer	8 Sylvan Way Parsippany, NJ 07054
Glenn P. Sblendorio	Chief Financial Officer, Treasurer	8 Sylvan Way Parsippany, NJ 07054
Paul Antinori	Secretary	8 Sylvan Way Parsippany, NJ 07054

Directors

Clive A. Meanwell	8 Sylvan Way Parsippany, NJ 07054
William W. Crouse	8 Sylvan Way Parsippany, NJ 07054
Robert J. Hugin	8 Sylvan Way Parsippany, NJ 07054
John C. Kelly	8 Sylvan Way Parsippany, NJ 07054
Armin M. Kessler, D.h.c.	8 Sylvan Way Parsippany, NJ 07054
Robert G. Savage	8 Sylvan Way Parsippany, NJ 07054
Glenn P. Sblendorio	8 Sylvan Way Parsippany, NJ 07054
Hiroaki Shigeta	8 Sylvan Way Parsippany, NJ 07054
Melvin Spigelman	8 Sylvan Way Parsippany, NJ 07054
Elizabeth Wyatt	8 Sylvan Way Parsippany, NJ 07054