FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004897 (3)**

1. Corporation Name
CIVIGENICS, INC.

Principal Place of Business
311 MAIN ST.
WORCESTER MA 01608-1552

Mailing Address
311 MAIN ST.
WORCESTER MA 01608-1552

3. Date Incorporated or Qualified: **10/10/1995**
3a. Date of Last Report: **N/A**

2. Principal Place of Business
21 200 East Main Street
Suite, Apt. #, etc.
22 N/A
City & State
23 Milford, MA
Zip 24 01757 Country 25 USA

2a. Mailing Address
26 200 East Main Street
Suite, Apt. #, etc.
27 N/A
City & State
28 Milford, MA
Zip 29 01757 Country 30 USA

4. FEI Number: **04-3266429** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable): N/A
83 N/A
84 City: N/A FL 85 Zip Code: N/A

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

N/A

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	Assistant Clerk	☐ Change ☒ Addition
NAME	GALEA, ROBERT P		12 NAME	Susan M.F. Dechant	
STREET ADDRESS	106 E. MAIN ST.		13 STREET ADDRESS	34 Apple Blossom Lane	
CITY-ST-ZIP	WESTBORO MA 01581		14 CITY-ST-ZIP	Stow, MA 01775	
TITLE	DP	☒ DELETE	21 TITLE	D	☐ Change ☒ Addition
NAME	ROSS, ROY I		22 NAME	James Johnson	
STREET ADDRESS	12 EAST KILLINGLY ROAD		23 STREET ADDRESS	233 South Wacker Drive, Ste. 9500	
CITY-ST-ZIP	FOSTER RI		24 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	DT	☐ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	GILL, JOSEPH B		32 NAME	Oliver Nicklen	
STREET ADDRESS	22 HIGH STREET		33 STREET ADDRESS	233 South Wacker Drive, Ste. 9500	
CITY-ST-ZIP	SOUTHBORO MA		34 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	S	☒ DELETE	41 TITLE	D	☐ Change ☒ Addition
NAME	ANGELINI, MICHAEL P		42 NAME	Joan McArdle	
STREET ADDRESS	279 CRAWFORD ST.		43 STREET ADDRESS	420 Boylston Street	
CITY-ST-ZIP	NORTHBORO MA		44 CITY-ST-ZIP	Boston, MA 02116	
TITLE		☐ DELETE	51 TITLE	D/P/Ass't. T	☒ Change ☐ Addition
NAME			52 NAME	Roy I. Ross	
STREET ADDRESS			53 STREET ADDRESS	82 East Killingly Road	
CITY-ST-ZIP			54 CITY-ST-ZIP	Foster, RI 02825	
TITLE		☐ DELETE	61 TITLE	Clerk	☒ Change ☐ Addition
NAME			62 NAME	Michael P. Angelini	
STREET ADDRESS			63 STREET ADDRESS	279 Crawford Street	
CITY-ST-ZIP			64 CITY-ST-ZIP	Northboro, MA 01532	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan M.F. Dechant 01/25/96 508-879-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Susan M.F. Dechant, Assistant Clerk