


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F95000004897 (3) 1. Corporation Name CMIGENICS, INC.		
Principal Place of Business 300 EAST MAIN ST MILFORD MA 01757 US		Mailing Address 200 EAST MAIN STREET MILFORD MA 01757 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 Locke Drive Suite, Apt. #, etc.		2a. Mailing Address 26 100 Locke Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/10/1995	
22 City & State 23 Marlborough MA Zip 01752 Country		27 City & State 28 Marlborough MA Zip 01752 Country		4. FEI Number 04-3266429 Applied For <input type="checkbox"/> Not Applicable	
24 01752 25		29 01752 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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.					

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Please see attached list of officers & directors <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALEA, ROBERT P	1.2 NAME	
STREET ADDRESS	106 E. MAIN ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WESTBORO MA 01581	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JAMES	2.2 NAME	
STREET ADDRESS	233 SOUTH WACHER DRIVE, STE 9500	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	2.4 CITY - ST - ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, JOSEPH B	3.2 NAME	
STREET ADDRESS	22 HIGH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	SOUTHBORO MA	3.4 CITY - ST - ZIP	
TITLE	C <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELINI, MICHAEL P	4.2 NAME	
STREET ADDRESS	270 CRAWFORD ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTHBORO MA	4.4 CITY - ST - ZIP	
TITLE	AC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECHANT, SUSAN MF	5.2 NAME	
STREET ADDRESS	34 APPLE BLOSSOM LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	STOW MA	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKLEN, OLIVER	6.2 NAME	
STREET ADDRESS	233 SOUTH WACKER DR, STE 9500	6.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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 appear Block 12 or Block 13 in this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Kinney

4/14/98

Daytime Phone #

CR2E034 (10/97)

CivGenics, Inc.

DIRECTORS

- | | | |
|---------------------|---|-----------|
| • Roy I. Ross | 200 East Main Street
Milford, MA 01757 | President |
| • Joseph B. Gill | 22 High Street
Southboro, MA 01772 | |
| • Oliver Nicklin | 233 South Wacker Drive
Chicago, IL 60606 | |
| • James Johnson | 233 South Wacker Drive
Chicago, IL 60606 | |
| • Joan McArdle | 420 Boylston Street
Boston, MA 02116 | |
| • Robert Galea | 2805 Bering Street
Anchorage, AK 99503 | |
| • Clifford Simonsen | 1064 N. Marshall Drive
Camano Island, WA 98292 | |

OFFICERS

- | | | |
|-----------------------|--|-----------------------------------|
| • Roy I. Ross | 200 East Main Street
Milford, MA 01757 | President |
| • Joseph B. Gill | 22 High Street
Southboro, MA 01772 | Treasurer |
| • Robert E. Kinney | 200 East Main Street
Milford, MA 01757 | Assistant Treasurer and Clerk/CFO |
| • Michael P. Angelini | 311 Main Street
Worcester, MA 01608 | Assistant Clerk |
| • Susan Rayne | 161 Worcester Road
Framingham, MA 01701 | Assistant Clerk |
| • Samuel Sacco | 200 East Main Street
Milford, MA 01757 | Assistant Clerk |