2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006
Secretary of State

DOCUMENT# F95000004897

Entity Name: CIVIGENICS, INC.

Current Principal Place of Business:

100 LOCKE DR
MARLBOROUGH, MA 01752 US

New Principal Place of Business:

Current Mailing Address:

100 LOCKE DR
MARLBOROUGH, MA 01752 US

New Mailing Address:

FEI Number: 04-3266429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301 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: D ( ) Delete
Name: MCARDLE, JOAN C
Address: 420 BOYLSTON ST
City-St-Zip: BOSTON, MA 02116

Title: D ( ) Delete
Name: JOHNSON, JAMES
Address: 225 W. WASHINGTON ST; STE 1500
City-St-Zip: CHICAGO, IL 60606

Title: D ( ) Delete
Name: GILL, JOSEPH B
Address: 26 BURNING TREE LANE
City-St-Zip: WEST BARNSTABLE, MA 02668

Title: TS ( ) Delete
Name: LEEF, DONALD
Address: 100 LOCKE DRIVE
City-St-Zip: MARLBOROUGH, MA 01752

Title: PD ( ) Delete
Name: ROSS, ROY I.
Address: 100 LOCKE DR
City-St-Zip: MARLBOROUGH, MA 01752

Title: D ( ) Delete
Name: NICKLEN, OLIVER
Address: 233 S WACKER DR
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change ( ) Addition
Name: NICKLIN, OLIVER
Address: 233 S WACKER DR
City-St-Zip: CHICAGO, IL 60606

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD LEEF S 02/22/2006

Electronic Signature of Signing Officer or Director Date