

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90319 050 \*\*\*150.00

**DOCUMENT # F95000004897**

1. Entity Name  
**CIVIGENICS, INC.**



Principal Place of Business  
**100 LOCKE DR  
MARLBOROUGH MA 01752  
US**

Mailing Address  
**100 LOCKE DR  
MARLBOROUGH MA 01752  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-3266429**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **MCARDLE, JOAN C**  
STREET ADDRESS **153 BOACROFT AVE**  
CITY-ST-ZIP **READING MA 01857**

TITLE **Treasurer, CFO** ☐ Change ☒ Addition  
NAME **Donald Lees**  
STREET ADDRESS **100 Locke Drive**  
CITY-ST-ZIP **Marlborough, MA 01752**

TITLE **D** ☐ Delete  
NAME **JOHNSON, JAMES**  
STREET ADDRESS **233 S WACKER DR**  
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GILL, JOSEPH B**  
STREET ADDRESS **22 HIGH STREET**  
CITY-ST-ZIP **SOUTHBORO MA 01772**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **JOHNSON, PIERRE MARC**  
STREET ADDRESS **1250 BLVD, RENE LEVEZQUE QUEST**  
CITY-ST-ZIP **MONTEAL CANADA A3B4Y1 PQ PQ**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **ROSS, ROY I.**  
STREET ADDRESS **100 LOCKE DR**  
CITY-ST-ZIP **MARLBOROUGH MA 01752**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **NICKLEN, OLIVER**  
STREET ADDRESS **233 S WACKER DR**  
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or without the like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/13/03**

Date

Daytime Phone #

CR2E034 (10/02)