


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90060 043 \*\*\*150.00

<b>DOCUMENT # F96000005993</b> 1. Entity Name <b>GENZYME CORPORATION</b>					
Principal Place of Business <b>500 KENDALL STREET                  CAMBRIDGE, MA 02142</b>			Mailing Address <b>500 KENDALL STREET                  CAMBRIDGE, MA 02142</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>06-1047163</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERMEER, HENRI A 500 KENDALL STREET CAMBRIDGE, MA 02142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WYZGA, MICHAEL S 500 KENDALL STREET CAMBRIDGE, MA 02142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WIRTH, PETER 500 KENDALL STREET CAMBRIDGE, MA 02142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HESSLEIN, ROBERT W 500 KENDALL STREET CAMBRIDGE, MA 02142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERMER, HENRI A 500 KENDALL STREET CAMBRIDGE, MA 02142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COONEY, CHARLES L 500 KENDALL STREET CAMBRIDGE, MA 02142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>"See Attachment A"</b>					
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 all other persons empowered.					
SIGNATURE: <i>Joanne M. Vasily-Cioffi</i> <b>Joanne M. Vasily-Cioffi, Asst. Secretary</b>			Date: <i>2-1-05</i> Daytime Phone #: <i>617-768-6046</i>		_____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

# ATTACHMENT

*ATTACHMENT A*  
*Genzyme Corporation*

40045208

# F96000005993

## Directors

## Address

Constantine E. Anagnostopoulos	500 Kendall Street, Cambridge, MA 02142
Douglas A. Berthiaume	500 Kendall Street, Cambridge, MA 02142
Henry E. Blair	500 Kendall Street, Cambridge, MA 02142
Gail K. Boudreaux	500 Kendall Street, Cambridge, MA 02142
Robert J. Carpenter	500 Kendall Street, Cambridge, MA 02142
Charles L. Cooney	500 Kendall Street, Cambridge, MA 02142
Dr. Victor J. Dzau	500 Kendall Street, Cambridge, MA 02142
Connie Mack III	500 Kendall Street, Cambridge, MA 02142
Henri A. Termeer	500 Kendall Street, Cambridge, MA 02142