FILED Apr 07, 2003 8:00 am Secretary of State

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UNIFORM	BUSIN	ESS RE	PORT	(UBR)
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04-07-2003 90136 014 ***150 00 DOCUMENT #F96 døbøø 5993 1. Entity Name Genzyme Corporation 90073237 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address One Kendall Square One Kendall Square 1400 Building 1400 Apl #reicding DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Cambridge, MA Cambridge, MA 06-1047163 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 02139 USA 02139 USÁ Fee Required 7. Name and Address of Current Registered Agent -CT Corporation System DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road IN THIS SPACE Plantation 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CR2E034B (12/02) .UTLE TITLE President Henri A. Termeer NAME NAME One Kendall Square, 1400 Bldg. STREET ADDRESS STREET ADDRESS CITY-ST-7/P Cambridge, MA 02139 CITY-ST-ZIP Sr. Vice President Michael S. Wyzga One Kendail Square, 1400 Bldg. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Cambridge, MA 02139 CITY-ST-7/P CITY ST. 7IP III) F TITLE Secretary Peter Wirth NAME. NAME = 1 STREET ADDRESS One Kendall Square, 1400 Bldg. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE Asst. Secretary TITLE IN THIS SPACE NAME NAME Robert W. Hesslein STREET ADDRESS STREET ADDRESS One Kendall Square. Cambridge, MA 02139 1400 Bldg. CITY-ST-ZIP CITY-ST-ZIP TITLE Director TITLE Henri A. Termeer One Kendall Square, 1400 Bldg. NAME NAME STREET ADDRESS STREET ADDRESS Cambridge, MA 02139 CITY-ST-7IF CITY-ST-ZIP Director, TITLE TITLE Charles L. Cooney NAME NAME One Kendall Square Strains HO Cambridge, MA 02139 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 true se empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with a

SIGNATURE:

Peter Wirth

TURE AND TYPED OR PROJED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

617-591-5612

Daytime Phone