2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90193 009 ***150.00

000176 AT

DOCUMENT # F97000000669

1. Entity Name
ACCREDO THERAPEUTICS, INC.

11015242

Principal Place of Business	Mailing Address
3 HUNTINGTON QUADRANGLE 2 SO MELVILLE NY 11747	3 HUNTINGTON QUADRANGLE 2 SO MELVILLE NY 11747

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1640 Century Center Pkwy.	1640 Century Center Pkwy.
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Memphis, TN	City & State: Memphis, TN
Zip: 38134 Country: USA	Zip: 38134 Country: USA

4. FEI Number 11-3358535 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLECHSCHMIDT, EDWARD A 3 HUNTINGTON QUADRANGLE 2 SO MELVILLE NY 11747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JOEL R. KIMBROUGH [SAME AS # 3 ABOVE]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO COLLURA, JOHN J 3 HUNTINGTON QUADRANGLE 2 SO MELVILLE NY 11747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY THOMAS W. BELL, JR [SAME AS # 3 ABOVE]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP MALONE, RONALD A 3 HUNTINGTON QUADRANGLE 2 SO MELVILLE NY 11747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO DAVID D. STEVENS [SAME AS # 3 ABOVE]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MA, PATRICIA C 3 HUNTINGTON QUADRANGLE 2 SO MELVILLE NY 11747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT STEVE FITZPATRICK [SAME AS #3 ABOVE]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT POTACHUK, JOHN 3 HUNTINGTON QUADRANGLE 2 SO MELVILLE NY 11747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHWARTZ, RUTH 3 HUNTINGTON QUADRANGLE 2 SO MELVILLE NY 11747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 like empowered.

SIGNATURE: SIGNATURE REQUIRED THOMAS W. BELL JR SECRETARY 901-385-3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #