

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90031 042 ***150.00

DOCUMENT # F97000004992

1. Corporation Name

CURAGEN CORPORATION

Principal Place of Business

555 LONG WHARF DR., 11TH FL.
NEW HAVEN CT 06511

Mailing Address

555 LONG WHARF DR., 11TH FL.
NEW HAVEN CT 06511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1997

4. FEI Number

06-1331400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE

NAME ROTHBERG, JONATHAN M
STREET ADDRESS 1701 MOOSE HILL ROAD
CITY-ST-ZIP GUILFORD CT 06437

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☒ DELETE

NAME WENT, GREGORY T
STREET ADDRESS 34 SCOTLAND AVE.
CITY-ST-ZIP MADISON CT 06443

2.1 TITLE ☐ Change ☐ Addition

TITLE VT ☐ DELETE

NAME WURZER, DAVID M
STREET ADDRESS 311 HARTFORD AVENUE
CITY-ST-ZIP WETHERSFIELD CT 06109

3.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME WHAYLAND, ELIZABETH A
STREET ADDRESS 142 AUSTIN RYER LANE
CITY-ST-ZIP BRANFORD CT 06405

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BOOTH, RICHARD H
STREET ADDRESS 60 HIGH RIDGE ROAD
CITY-ST-ZIP SOUTH GLASTONBURY CT 06073

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PATRICELLI, ROBERT E
STREET ADDRESS 77 HARTFORD ROAD
CITY-ST-ZIP SIMSBURY CT 06070

6.1 TITLE ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth A. Whayland, RE: Secretary

3-3-99

(203)401-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0546043

CR2E034 (11/98)