

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001454

1. Entity Name
CELLTECH PHARMACEUTICALS, INC.



Principal Place of Business
755 JEFFERSON ROAD
ROCHESTER NY 14623

Mailing Address
755 JEFFERSON ROAD
ROCHESTER NY 14623

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 75-1984155

Applied For
Not Applicable

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

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

N/A

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

N/A

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
SIMON, CARMEL
216 BATH ROAD
SLOUGH BERKS FL SL-14EN ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
INGELISE SAUNDERS
216 Bath Road
Slough Berks
SL1 4EN UK ☒ Change ☐ Addition
(DIRECTOR)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
STUART, AIRBUCKLE
755 JEFFERSON ROAD
ROCHESTER NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Spelling
Arbuckle ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GAIL, MORRIS
755 JEFFERSON ROAD
ROCHESTER NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Spelling
Norris ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GARLAND, IAN R
755 JEFFERSON ROAD
ROCHESTER NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chief Operating Officer
& Treasurer ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCT
THORP, KEITH R
755 JEFFERSON STREET
ROCHESTER NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
755 Jefferson Road ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 585-475-9000

Date

Daytime Phone #