FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 30 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P13709** **(1)**

1. Corporation Name
GENETIC DESIGN, INC.

Principal Place of Business	Mailing Address
7017 ALBERT PICK ROAD GREENSBORO NC 27409	7017 ALBERT PICK ROAD GREENSBORO NC 27409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/20/1987**
3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24) / Country (25):
Zip (29) / Country (30):

4. FEI Number: **56-1535894** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HILLBACK, ELLIOTT D.	12 NAME	
STREET ADDRESS	347 MANNING ST	13 STREET ADDRESS	300001444743
CITY-ST-ZIP	NEEDHAM MA	14 CITY-ST-ZIP	-03/31/95--01038--011 ****200.00 ****200.00
TITLE	TAS	21 TITLE	Treasurer ☑ Change ☐ Addition
NAME	HALL, JAMES N.	22 NAME	Evan M Lebson
STREET ADDRESS	5905 TAMANNARY DR	23 STREET ADDRESS	One Kendall Square
CITY-ST-ZIP	GREENSBORO NC	24 CITY-ST-ZIP	Cambridge, MA 02139-1562
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	WIRTH, PETER	32 NAME	
STREET ADDRESS	37 HANCOCK STREET	33 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	SPARKS, JAMES C. PHD	42 NAME	
STREET ADDRESS	5310 OLD BRANDT TRACE	43 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, CHARLOTTE	52 NAME	
STREET ADDRESS	3901 HIGHWAY 220 NORTH, APT 62	53 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James C. Sparks 3/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James C. Sparks

0477023 FP