

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P13709** (1)

1. Corporation Name

GENETIC DESIGN, INC.



Principal Place of Business

**7017 ALBERT PICK ROAD
GREENSBORO NC 27409**

Mailing Address

**7017 ALBERT PICK ROAD
GREENSBORO NC 27409**

3. Date Incorporated or Qualified
03/20/1987

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

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

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 in applicable block

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **HILLBACK, ELLIOTT D.**
STREET ADDRESS **347 MANNING ST**
CITY-STATE-ZIP **NEEDHAM MA**

1. TITLE **Director** ☐ Change ☒ Addition
2. NAME **McLachlan, David J.**
3. STREET ADDRESS **One Kendall Square**
4. CITY-STATE-ZIP **Cambridge, MA 02139**

TITLE **T** ☐ DELETE
NAME **LEBSON, EVAN M.**
STREET ADDRESS **ONE KENDALL SQUARE**
CITY-STATE-ZIP **CAMBRIDGE MA 02139-1562**

2. TITLE **Director** ☐ Change ☒ Addition
2. NAME **Termeer, Henri A.**
2. STREET ADDRESS **One Kendall Square**
2. CITY-STATE-ZIP **Cambridge MA 02139-1562**

TITLE **S** ☐ DELETE
NAME **WIRTH, PETER**
STREET ADDRESS **37 HANCOCK STREET**
CITY-STATE-ZIP **BOSTON MA**

3. TITLE ☐ Change ☐ Addition
3. NAME ☐ Change ☐ Addition
3. STREET ADDRESS ☐ Change ☐ Addition
3. CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ DELETE
NAME **SPARKS, JAMES C. PHD**
STREET ADDRESS **5310 OLD BRANDT TRACE**
CITY-STATE-ZIP **GREENSBORO NC**

4. TITLE ☐ Change ☐ Addition
4. NAME ☐ Change ☐ Addition
4. STREET ADDRESS ☐ Change ☐ Addition
4. CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ DELETE
NAME **ARNOLD, CHARLOTTE**
STREET ADDRESS **3901 HIGHWAY 220 NORTH, APT 62**
CITY-STATE-ZIP **GREENSBORO NC**

5. TITLE **VP** ☒ Change ☐ Addition
5. NAME **Arnold, Charlotte**
5. STREET ADDRESS **7017 Albert Pick Road**
5. CITY-STATE-ZIP **Greensboro, NC 27409**

TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-STATE-ZIP ☐ DELETE

6. TITLE ☐ Change ☐ Addition
6. NAME ☐ Change ☐ Addition
6. STREET ADDRESS ☐ Change ☐ Addition
6. CITY-STATE-ZIP ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Sparks, Ph.D.

2/15/96 (910) 665-3706

Date

Daytime Phone

CR2E034 (12/95)