

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P13709** (1)

1. Corporation Name

GENETIC DESIGN, INC.

** Assets sold November 1996.
Ceased windup operations
January 1997.*

Principal Place of Business

**7017 ALBERT PICK ROAD
GREENSBORO NC 27409**

Mailing Address

**7017 ALBERT PICK ROAD
GREENSBORO NC 27409**

*c/o Genzyme Corp.
One Mountain Rd.
Framingham, MA 01701-9222*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1987

3a. Date of Last Report

03/04/1996

4. FEI Number

56-1535894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HILLBACK, ELLIOTT D.	
STREET ADDRESS	347 MANNING ST	
CITY-ST-ZIP	NEEDHAM MA	

TITLE	T	<input type="checkbox"/> DELETE
NAME	LEBSON, EVAN M.	
STREET ADDRESS	ONE KENDALL SQUARE	
CITY-ST-ZIP	CAMBRIDGE MA 02139-1562	

TITLE	S	<input type="checkbox"/> DELETE
NAME	WIRTH, PETER	
STREET ADDRESS	37 HANCOCK STREET	
CITY-ST-ZIP	BOSTON MA	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SPARKS, JAMES C. PHD	
STREET ADDRESS	5310 OLD BRANDT TRACE	
CITY-ST-ZIP	GREENSBORO NC	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ARNOLD, CHARLOTTE	
STREET ADDRESS	7017 ALBERT PICK ROAD	
CITY-ST-ZIP	GREENSBORO NC	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLACHLAN, DAVID J.	
STREET ADDRESS	ONE KENDALL SQUARE	
CITY-ST-ZIP	CAMBRIDGE MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

David J. McLachlan

8/6/97 (508) 872-8400

CR2E034 (4/97)