

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028095

1. Entity Name
COLLAGENESIS, INC.

Principal Place of Business
500 CUMMINGS CENTER, STE. 464C
BEVERLY MA 01915

Mailing Address
500 CUMMINGS CENTER, STE. 464C
BEVERLY MA 01915

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0571987

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

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

300004627593--6

-10/08/01--01085--012

****758.75 FL ****758.75

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.

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

(NOTE: Registered Agent signature required when reinstating)

10/1/01
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
NAME MAGERMAN, JOEL
STREET ADDRESS 477 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10019

TITLE C ☒ Change ☐ Addition
NAME MAGERMAN, JOEL
STREET ADDRESS 489 FIFTH AVENUE, 27 FL
CITY-ST-ZIP NEW YORK NY 10017

TITLE D ☐ Delete
NAME ZISES, SELIG A
STREET ADDRESS 477 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10022

TITLE D ☒ Change ☐ Addition
NAME ZISES, SELIG A
STREET ADDRESS 988 FIFTH AVENUE 9TH FL
CITY-ST-ZIP NEW YORK NY 10021

TITLE D ☐ Delete
NAME FAGIEN, STEVEN
STREET ADDRESS 1000 N.W. 9TH COURT, STE. 104
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☒ Change ☐ Addition
NAME FAGIEN, STEVEN
STREET ADDRESS 3863 NW 53RD STREET STE 104
CITY-ST-ZIP BOCA RATON, FL 01915

TITLE VTS ☒ Delete
NAME DRISCOLL, FREDRICK
STREET ADDRESS 500 CUMMINGS CENTER, STE. 464C
CITY-ST-ZIP BEVERLY MA 01915

TITLE P ☐ Change ☒ Addition
NAME COTE, ULRIC
STREET ADDRESS 500 CUMMINGS CENTER STE 464C
CITY-ST-ZIP BEVERLY, MA 01915

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D, V, S ☐ Change ☒ Addition
NAME DEVORE, DALE
STREET ADDRESS 500 CUMMINGS CENTER STE 464C
CITY-ST-ZIP BEVERLY, MA 01915

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V, T ☐ Change ☒ Addition
NAME FRASER, CHRISTOPHER
STREET ADDRESS 500 CUMMINGS CENTER STE 464
CITY-ST-ZIP BEVERLY, MA 01915

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER M. FRASER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/01 (978)2329333
Date Daytime Phone # X230

PS 182

FILED

01 OCT -1 PM 3:19

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

PS 282

2001 UNIFORM BUSINESS REPORT
COLLAGENESIS, INC. DOCUMENT # P95000028095

12. ADDITIONS TO OFFICERS & DIRECTORS

D OBRIEN, PAUL 70 FRANKLIN ST 3 RD FL BOSTON, MA 02110	V ZUNIGA, GUILLERMO 500 CUMMINGS CENTER, STE 464C BEVERLY, MA 01915
D MURPHY, JOHN L. COVE HARBOR PARTNERS ONE DOCK ST. SUITE 400 STAMFORD, CT 06902	V FISH, GUY 500 CUMMINGS CENTER, STE 464C BEVERLY, MA 01915
D FRANKEL, BARRY THE FRANKEL GROUP 475 5 TH AVENUE NEW YORK, NY 10017	V FREDDO, MARY ELLEN 500 CUMMINGS CENTER, STE 464C BEVERLY, MA 01915
D MOURA, PASCAL EQUITY4LIFE MUHLEBACHSTRASSE 54 CH-8034 ZURICH	V ASIP, JAMES 500 CUMMINGS CENTER, STE 464C BEVERLY, MA 01915
D LIFFMAN, JOEL ORACLE PARTNERS 200 GREENWICH AVE, 3 RD FL GREENWICH, CT 03830	V ELSON, MELVIN 500 CUMMINGS CENTER, STE 464C BEVERLY, MA 01915

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Collagenesis, Inc.

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<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____ 10/1/01 Order#: 4816648

Availability _____

Document _____

Examiner _____ Ref#: _____

Updater _____

Verifier _____

W.P. Verifier _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Handwritten initials

RECEIVED
01 OCT - 1 PM 2:22
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE