

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90193 009 \*\*\*150.00

0618765 AT

**DOCUMENT # F97000000669**

1. Entity Name  
**ACCREDO THERAPEUTICS, INC.**



Principal Place of Business  
**3 HUNTINGTON QUADRANGLE 2 SO  
MELVILLE NY 11747**

Mailing Address  
**3 HUNTINGTON QUADRANGLE 2 SO  
MELVILLE NY 11747**

**11015242**



2. Principal Place of Business  
**1640 Century Center Pkwy.**

3. Mailing Address  
**1640 Century Center Pkwy.**

Suite, Apt. #, etc.  
**Suite 101**

Suite, Apt. #, etc.  
**Suite 101**

City & State  
**Memphis, TN**

City & State  
**Memphis, TN**

4. FEI Number **11-3358535**

Applied For  
 Not Applicable

Zip Country  
**38134 USA**

Zip Country  
**38134 USA**

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

CHECK HERE IF MAKING CHANGES

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  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEÉ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BLECHSCHMIDT, EDWARD A 3 HUNTINGTON QUADRANGLE 2 SO MELVILLE NY 11747</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO COLLURA, JOHN J 3 HUNTINGTON QUADRANGLE 2 SO MELVILLE NY 11747</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP MALONE, RONALD A 3 HUNTINGTON QUADRANGLE 2 SO MELVILLE NY 11747</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MA, PATRICIA C 3 HUNTINGTON QUADRANGLE 2 SO MELVILLE NY 11747</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT POTACHUK, JOHN 3 HUNTINGTON QUADRANGLE 2 SO MELVILLE NY 11747</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SCHWARTZ, RUTH 3 HUNTINGTON QUADRANGLE 2 SO MELVILLE NY 11747</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER JOEL R. KIMBROUGH [SAME AS # 3 ABOVE]</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY THOMAS W. BELL, JR [SAME AS # 3 ABOVE]</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO DAVID D. STEVENS [SAME AS # 3 ABOVE]</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT STEVE FITZPATRICK [SAME AS #3 ABOVE]</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: THOMAS W. BELL JR **THOMAS W. BELL JR** **SECRETARY** **901-385-3688**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #

CR2E034 (10/02)