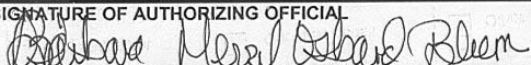


DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service FOOD AND DRUG ADMINISTRATION REGISTRATION OF DRUG ESTABLISHMENT/ LABELER CODE ASSIGNMENT (In accordance with Public Law 92-387)		FDA USE ONLY RE 54750		FDA USE ONLY REGISTERED FDA 2004 AUG 19 PM 2:06	
NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than \$1,000, or both. (FD&C Act, Section 303).				LABELER CODE 1500	REGISTRATION NUMBER 3003006583
SECTION A - SITE INFORMATION					
REPORTING FIRM NAME Cambridge Biomedical Research Group, Inc.				STATE OF INC. Massachusetts	
SITE ADDRESS (No P.O. Box) 1256 Soldiers Field Road				SITE TELEPHONE NUMBER (617.787.8998)	
CITY Brighton	STATE MA	ZIP CODE 02135	COUNTRY USA	BUSINESS CATEGORY: <input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY	
SITE MAILING ADDRESS (If different from site address)					
CITY STATE ZIP CODE COUNTRY BUSINESS CATEGORY: <input type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY					
DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable) same					
PARENT COMPANY NAME same					
REASON(S) FOR SUBMISSION <input checked="" type="checkbox"/> Firm Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Registration of Additional Site <input type="checkbox"/> Merger/Buyout <input type="checkbox"/> Re-Registration <input type="checkbox"/> Reentry into Business with Same Name <input type="checkbox"/> LC Assignment <input type="checkbox"/> Out of Business <input type="checkbox"/> Name Change		TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other		PERSON SUBMITTING DATA AND TELEPHONE BUSINESS TYPE <input type="checkbox"/> Manufacturer <input type="checkbox"/> Repacker <input type="checkbox"/> Relabeler <input type="checkbox"/> Distributor* <input type="checkbox"/> Foreign Country <input checked="" type="checkbox"/> Analytical Lab <input type="checkbox"/> Other	
SECTION B - FIRM COMPLIANCE MAILING ADDRESS for Annual Listing Report and/or Firm Correspondence					
NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code 1256 Soldiers Field Road				TELEPHONE NUMBER (617) 787.8998	
CITY Brighton	STATE MA	ZIP CODE 02135	COUNTRY USA	COMPLIANCE INTERNET/EMAIL ADDRESS info@cambridgebiomedical.com	
SECTION C - ADDITIONAL FIRM AND SITE INFORMATION					
NAME OF OWNER, PARTNERS OR OFFICERS		TITLE		POSITION	
Barbara Merzel-Osband-Blum		President & CEO		Executive	
Alberto Correia		Vice President		Executive	
OTHER FIRMS DOING BUSINESS AT THIS SITE					
LABELER CODE	FIRM NAME	LABELER CODE	FIRM NAME		
SECTION D - SIGNATURE					
SIGNATURE OF AUTHORIZING OFFICIAL 		TITLE President & CEO	DATE 8/2/04		
*DISTRIBUTOR'S CERTIFICATION: As a, Distributor, I am submitting product listing information to the FDA on my own behalf. I have provided a copy of this certification (Form FDA 2656) to the registered manufacturer(s). My signature and phone number are listed below.				SIGNATURE OF DISTRIBUTOR	
RETURN THIS FORM TO: FOOD AND DRUG ADMINISTRATION INFORMATION MANAGEMENT TEAM, HFD-095				DISTRIBUTOR'S TELEPHONE NUMBER	