

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838575 (9)

1. Corporation Name
BAX GLOBAL INC.



Principal Place of Business 16808 ARMSTRONG AVE. 18200 VON KARMAN AVENUE IRVINE CA 92623 US	Mailing Address ATTN: TAX DEPT. P O BOX 4000 LEBANON VA 24266 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 06/10/1977	
4. FEI Number 41-0980822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	FARRELL, JOSEPH C	
STREET ADDRESS	16808 ARMSTRONG AVE.	
CITY-ST-ZIP	IRVINE CA	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	LENNON, FRANK T.	
STREET ADDRESS	16808 ARMSTRONG AVE.	
CITY-ST-ZIP	IRVINE CA	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	EITREIM, DENNIS	
STREET ADDRESS	16808 ARMSTRONG AVE.	
CITY-ST-ZIP	LAGUNA HILLS CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	KETRON, ROGER D	
STREET ADDRESS	16808 ARMSTRONG AVE	
CITY-ST-ZIP	IRVINE CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dennis Eitheim	
1.3 STREET ADDRESS	16808 Armstrong Ave.	
1.4 CITY-ST-ZIP	Irving, CA 92606	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brian Cole	
2.3 STREET ADDRESS	16808 Armstrong Ave.	
2.4 CITY-ST-ZIP	Irving, CA 92606	
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 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. _____ on an attachment with an address.

SIGNATURE: *Roger Ketron* *4/26/98*

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