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Secretary of State

03-09-1999 90031 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 838575

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1977

4. FEI Number
41-0980822

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **16808 ARMSTRONG AVE.**

22 Suite, Apt. #, etc.

23 **IRVINE CA**

24 **92606** 25 **USA**

2a. Mailing Address

26

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

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 **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EITTREIM, DENNIS	1.2 NAME	C. ROBERT CAMPBELL
STREET ADDRESS	16808 ARMSTRONG AVE.	1.3 STREET ADDRESS	16808 ARMSTRONG AVE.
CITY-ST-ZIP	IRVINE CA 92606	1.4 CITY-ST-ZIP	IRVINE CA 92606
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNON, FRANK T.	2.2 NAME	
STREET ADDRESS	16808 ARMSTRONG AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92606	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, BRIAN	3.2 NAME	
STREET ADDRESS	16808 ARMSTRONG AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92606	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETRON, ROGER D	4.2 NAME	
STREET ADDRESS	16808 ARMSTRONG AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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, with all other like empowered.

SIGNATURE: *Roger D. Ketron* **ROGER D. KETRON** 2/26/99 (540) 889-6240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)