

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

0990136 AT

DOCUMENT # 838575

1. Entity Name
BAX GLOBAL INC.

02-10-2002 90007 041 ***150.00

Principal Place of Business
16808 ARMSTRONG AVE.
IRVINE CA 92606
US

Mailing Address
ATTN: TAX DEPT.
PO BOX 18100
RICHMOND VA 23226
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **41-0980822**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	P <input type="checkbox"/> Delete
NAME	CARNES, J. L.
STREET ADDRESS	16808 ARMSTRONG AVE.
CITY-ST-ZIP	IRVINE CA 92606
TITLE	VC <input type="checkbox"/> Delete
NAME	LENNON, FRANK T.
STREET ADDRESS	16808 ARMSTRONG AVE.
CITY-ST-ZIP	IRVINE CA 92606
TITLE	S <input type="checkbox"/> Delete
NAME	PERRY, F.V.
STREET ADDRESS	16808 ARMSTRONG AVE.
CITY-ST-ZIP	IRVINE CA 92606
TITLE	AT <input type="checkbox"/> Delete
NAME	KETRON, ROGER D
STREET ADDRESS	1801 BAYBERRY CT
CITY-ST-ZIP	RICHMOND VA 23226
TITLE	AT <input type="checkbox"/> Delete
NAME	HAWKINS, CAROLYN
STREET ADDRESS	1801 BAYBERRY CT
CITY-ST-ZIP	RICHMOND VA 23226
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Roger D. Ketron* **SIGNATURE REQUIRED** 1/23/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)