

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838575

FILED  
Apr 28, 2010  
Secretary of State

Entity Name: BAX GLOBAL INC.

**Current Principal Place of Business:**

440 EXCHANGE  
IRVINE, CA 92602 US

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: LEGAL DEPT  
440 EXCHANGE  
IRVINE, CA 92602 US

**New Mailing Address:**

ATTN: TAX DEPT  
965 NORFOLK SQUARE  
NORFOLK, VA 23502 US

FEI Number: 41-0980822      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARNES, J. L.  
Address: 440 EXCHANGE  
City-St-Zip: IRVINE, CA 92602

Title: DCEO  
Name: MURMANN, HEINER  
Address: 3210 AIRWAY DRIVE  
City-St-Zip: MISSISSAUGA, ON L4V 1K2 CA

Title: VP  
Name: GROFF, T.G.  
Address: 440 EXCHANGE  
City-St-Zip: IRVINE, CA 92602

Title: S  
Name: LYNCH, BRIAN  
Address: 120 WHITE PLAINS ROAD  
City-St-Zip: TARRYTOWN, NY 10591

Title: CFO  
Name: MATTESSICH, STEVE  
Address: 440 EXCHANGE PLACE  
City-St-Zip: IRVINE, CA 92602

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN LYNCH

S

04/28/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date