

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90071 016 ***150.00

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1. Entity Name
BAX GLOBAL INC.

Principal Place of Business

~~16808 ARMSTRONG AVE.~~
~~IRVINE CA 92606~~
US

Mailing Address

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



2. Principal Place of Business

440 Exchange

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

IRVINE, CA

City & State

4. FEI Number

41-0980822

Applied For

Not Applicable

Zip

92602

Country

U.S.

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" 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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	440 Exchange	
CITY-ST-ZIP	IRVINE, CA 92602	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1801 Bayberry Ct.	
CITY-ST-ZIP	Richmond, VA 23226	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T.G. Groff	
STREET ADDRESS	440 Exchange	
CITY-ST-ZIP	IRVINE, CA 92602	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G.K. Murtaugh	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J.B. Hartough	
STREET ADDRESS	1801 Bayberry Ct	
CITY-ST-ZIP	Richmond, VA 23226	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

Date

Daytime Phone #

CR2E034 (10/02)