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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

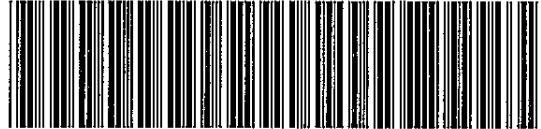
(Business Entity Name)

(Document Number)

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VALHALLA, FLORIDA

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CT CORPORATION SYSTEM

November 12, 2002

Secretary of State, Florida  
409 East Gaines Street  
N/A  
Tallahassee FL 32399

Re: Order #: 5718511 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

BioLife Plasma Services LP (PA)  
Misc - Foreign LP Filing - Amendment changing Limited Partner from Community  
Bio-Resources, Inc. to Baxter Healthcare Corporation  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at  
(850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland  
Fulfillment Specialist  
Melanie\_Strickland@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF AMENDMENT  
TO  
APPLICATION FOR REGISTRATION  
OF**

BioLife Plasma Services L.P.

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application:

The registration application is amended as follows:

The limited partner of BioLife Plasma Services L.P. has changed from Community Bio-Resources, Inc., a Michigan corporation to Baxter Healthcare Corporation, a Delaware corporation.

  
(Signature of a General Partner)

BioLife Plasma Inc., General Partner, by its Secretary, Jan Stern Reed

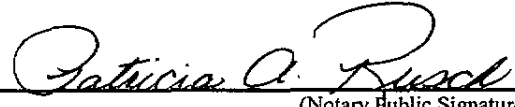
(Typed or printed name of General Partner signing above)

STATE OF Illinois

COUNTY OF Lake

On this 6<sup>th</sup> day of November, 2002, Jan Stern Reed  
personally appeared before me,

☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_

  
(Notary Public Signature)

PATRICIA A. RUSCH  
(Notary's Printed Name)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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My Commission Expires: \_\_\_\_\_

