2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004760

Entity Name: SAFC BIOSCIENCES, INC.

FILED May 13, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11296 REI LENEXA, I	NNER BLVD. KS 66219				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3050 SPRI ST. LOUIS	UCE ST. 5, MO 63103				
FEI Number	: 48-1154290	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD			
	named entity e of Florida.	submits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ager	nt	Date	
In accordan	ce with s. 607.19	3(2)(b), F.S., the corporation did not	receive the prior notice.		
		g Trust Fund Contribution ().	ADDITIONOGULANO		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS	
Title:) Delete	Title:	() Change () Addition	
Name: Address:	KELLEY, ROD 11296 RENNE		Name: Address:		
City-St-Zip:	LENEXA, KS 6		City-St-Zip:		
Title:	TD () Delete	Title:	() Change () Addition	
Name:	RICHTER, KIR		Name:		
Address:	3050 SPRUCE		Address:		
City-St-Zip:	ST. LOUIS, MC	63103	City-St-Zip:		
Title:	S () Delete	Title:	() Change () Addition	
Name:	KASKOWITZ,		Name:		
Address: City-St-Zip:	168 N. MERAN ST. LOUIS, MC		Address: City-St-Zip:		
City-St-Zip.	31. LOOIS, IVIC	03103	Oity-St-Zip.		
Title:	AT () Delete	Title:	() Change () Addition	
Name:	PEHRSON, TH		Name:		
Address: City-St-Zip:	11296 RENNE		Address:		
City-St-Zip.	LENEXA, KS 6	00219	City-St-Zip:		
Title:	CD () Delete	Title:	() Change () Addition	
Name:	WICKS, FRAN		Name:		
Address:	3050 SPRUCE		Address:		
City-St-Zip:	ST. LOUIS, MC	/ 03103	City-St-Zip:		
Title:	ASD () Delete	Title:	() Change () Addition	
Name:	HOGAN, MICH		Name:		
Address:	3050 SPRUCE		Address:		
City-St-Zip:	ST. LOUIS, MC	/ 03103	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KIRK A. RICHTER TD 05/13/2008