2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001923

Entity Name: REPROTECH CRYOBANK, INC.

HAZELRIGG, WILLIAM B

4760 WEST COMMERCIAL BLVD.

FT. LAUDERDALE, FL 33319

Name:

Address: City-St-Zip: FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 550 VILLAGE CENTER DRIVE STE 300 ST PAUL, MN 55127 **Current Mailing Address: New Mailing Address:** 4760 WEST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33319 FEI Number: 40-0001428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAZELRIGG, WILLIAM B 4760 WEST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33319 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BIERBAUM, RUSSELL C Name: Name: 550 VILLAGE CENTER DRIVE, STE 300 Address: Address: City-St-Zip: ST PAUL, MN 55127 City-St-Zip: Title: VCS Title: () Delete () Change () Addition Name: BIERBAUM, REBECCA J Name: 550 VILLAGE CENTER DRIVE, STE 300 Address: Address: City-St-Zip: ST PAUL, MN 55127 City-St-Zip: () Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM BRENT HAZELRIGG V 01/13/2009