## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL, BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



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SERA-TEC BIOLOGICALS LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

Zip

1a. DOCUMENT # **B95000000097** 

FILED 93 CCT 16: AM 7: 55 1 MARCH 1: CESTA TOTAL ASSEE, FLORIDA

\$8.75 Additional Fee Required

ga-or			: 1	
Mailing Address	Principal Office Address	cm	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
223 NORTH CENTER DRIVE NORTH BRUNSWICK NJ 08902	223 NORTH CENTER DRIVE NORTH BRUNSWICK NJ 08902		03/20/1995 3a. Date of Last Report	\$443,072.00
			12/01/1997  4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date;
2. Mailing Address	2a. Principal Office Address		PA	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 25-1763179	Applied For
City & State	City & State		201100118	Not Applicable

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301	Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  Zip Code

Country

10a. Pursuant to the provisions of sections 620.1051 and 620.1051 and 620.105, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Country

DATE

8 Make check payable to: Dept. of State (See reverse side for fee Information)

7. Certificate of Status Desired

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
S T BIOLOGICALS CORP.	15 AND CHESTNUT STREE	PHILADELPHIA PA 19102	F95000001316
		1000026	6685718

100002668571--8 -10/20/36-01081-017 \*\*\*\*526.25 \*\*\*\*526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Color for	DATE
Typed or Printed Name of General Partner Signing Form ST BIDLOCKES COND	Daytime Telephone Number

CR2E003 (8/98)