

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90105 023 \*\*\*150.00

**DOCUMENT # F01000004484**

1. Entity Name  
**ZLB BIOPLASMA INC.**

Principal Place of Business  
**C/O THE CORPORATION TRUST COMPANY**  
**1209 ORANGE STREET**  
**WILMINGTON DE 19801**

Mailing Address  
**C/O THE CORPORATION TRUST COMPANY**  
**1209 ORANGE STREET**  
**WILMINGTON DE 19801**

2. Principal Place of Business  
**801 North Brand Boulevard**

3. Mailing Address  
**5201 Congress Ave Suite C220**

Suite, Apt. #, etc.  
**Suite 1150**

Suite, Apt. #, etc.

City & State  
**Glendale, CA**

City & State  
**Boca Raton FL**

Zip  
**91203**

Country  
**USA**

Zip  
**33487**

Country  
**USA**

4. FEI Number  
**74-2967974**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2002 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **DEHART, PETE**  
STREET ADDRESS **801 NORTH BRAND BLVD., SUITE 1150**  
CITY-ST-ZIP **GLENDALE CA 91203**

TITLE **S** ☐ Delete  
NAME **TURVEY, PETER**  
STREET ADDRESS **45 POPLAR ROAK**  
CITY-ST-ZIP **PARKVILLE, VICTORIA, AUSTRALIA**

TITLE **TD** ☐ Delete  
NAME **CIPA, ANTONI**  
STREET ADDRESS **45 POPLAR ROAK**  
CITY-ST-ZIP **PARKVILLE, VICTORIA, AUSTRALIA**

TITLE **D** ☐ Delete  
NAME **WOOD, JACK**  
STREET ADDRESS **45 POPLAR ROAK**  
CITY-ST-ZIP **PARKVILLE, VICTORIA, AUSTRALIA**

TITLE **CD** ☐ Delete  
NAME **MCNAMEE, BRIAN**  
STREET ADDRESS **45 POPLAR ROAK**  
CITY-ST-ZIP **PARKVILLE, VICTORIA, AUSTRALIA**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Asst. Secretary** ☐ Change ☒ Addition  
NAME **Gregory Boss**  
STREET ADDRESS **801 North Brand Blvd., Suite 1150**  
CITY-ST-ZIP **Glendale, CA 91203**

TITLE **Turner, Peter** ☐ Change ☒ Addition  
NAME **WANKDOOFSTRASSE 10**  
STREET ADDRESS **CH-3000 Bern 22**  
CITY-ST-ZIP **Switzerland**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**RENEWED DeHart**

**2-5-02**

**818-244-2952**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)