

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004484

**Entity Name:** CSL PLASMA INC.

**Current Principal Place of Business:**

900 BROKEN SOUND PKWY., BLDG. A, STE. 400  
BOCA RATON, FL 33487

**Current Mailing Address:**

1020 FIRST AVE  
P.O. BOX 61501, ATTN: TAX DEPT.  
KING OF PRUSSIA, PA 19406 US

**FEI Number:** 74-2967974

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title D  
Name FURBY, RANDY L  
Address 900 BROKEN SOUND PARKWAY  
SUITE 400  
City-State-Zip: BOCA RATON FL 33487

Title S  
Name BOSS, GREGORY  
Address 1020 FIRST AVE  
City-State-Zip: KING OF PRUSSIA PA 19406

Title D  
Name NEAL, LAUREN R  
Address 900 BROKEN SOUND PKWY., BLDG. A,  
STE. 400  
City-State-Zip: BOCA RATON FL 33487

Title TREASURER  
Name CAHILL, JUSTIN  
Address 900 BROKEN SOUND PKWY., BLDG. A,  
STE. 400  
City-State-Zip: BOCA RATON FL 33487

*I hereby 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 all other like empowered.*

**SIGNATURE:** LAUREN R NEAL

**ASSISTANT SECRETARY** 04/07/2015

Electronic Signature of Signing Officer/Director Detail

Date