

2016 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** 04/18/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date