

2016 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F14000003523

Entity Name: BIOCSL INC.**Current Principal Place of Business:**1020 FIRST AVE.
KING OF PRUSSIA, PA 19406**Current Mailing Address:**P.O. BOX 60446
KING OF PRUSSIA, PA 19406-0446**FEI Number:** 02-0775200**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:** DONNA ZEBE

03/14/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|--------------------------|
| Title | PD |
| Name | MAZUR, MARIE |
| Address | 1020 FIRST AVE. |
| City-State-Zip: | KING OF PRUSSIA PA 19406 |

| | |
|-----------------|---------------------------------|
| Title | D |
| Name | NAYLOR, GORDON |
| Address | 45 POPLAR RD. |
| City-State-Zip: | PARKVILLE VICTORIA 3052 AUST XX |

| | |
|-----------------|---------------------------------|
| Title | D |
| Name | ANDERSON, JOHN |
| Address | 45 POPLAR RD. |
| City-State-Zip: | PARKVILLE VICTORIA 3052 AUST XX |

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|-----------------|--------------------------|
| Title | PRESIDENT |
| Name | MACGREGOR, BRENT |
| Address | 1020 FIRST AVE. |
| City-State-Zip: | KING OF PRUSSIA PA 19406 |

| | |
|-----------------|--------------------------|
| Title | SECRETARY |
| Name | MINARDO, JOHN |
| Address | 1020 FIRST AVE. |
| City-State-Zip: | KING OF PRUSSIA PA 19406 |

| | |
|-----------------|--------------------------|
| Title | TREASURER |
| Name | FITZMAURICE, EAMON |
| Address | 1020 FIRST AVE. |
| City-State-Zip: | KING OF PRUSSIA PA 19406 |

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: EAMON FITZMAURICE**TREASURER**

03/14/2016

Electronic Signature of Signing Officer/Director Detail

Date