

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 825796

1. Entity Name
AMERICAN CRYOGENICS, INC.

Principal Place of Business
2121 N. CALIFORNIA #350
WALNUT CREEK CA 94596-7390

Mailing Address
2121 N. CALIFORNIA #350
WALNUT CREEK CA 94596-7390

2. Principal Place of Business
48016 Fremont Blvd.
Suite, Apt. #, etc.

3. Mailing Address
2700 Post Oak Blvd.
Suite, Apt. #, etc.

City & State
Fremont, CA

City & State
Houston, Texas

4. FEI Number
94-2921953

Applied For
Not Applicable

Zip
94538

Country
US

Zip
77056

Country
US

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ALEXANDER, G. B.
2700 POST OAK BLVD
HOUSTON TX 77056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BAIRD, J. N.
2700 POST OAK BLVD
HOUSTON TX 77056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90028 022 ***550.00

00062729



DO NOT WRITE IN THIS SPACE

0136288 AI

CR2E034 (5/01)

8/28/01 (713) 402-2230
Date Daytime Phone #