

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:17

DOCUMENT # 833780 (0)

1. Corporation Name
GAMMA BIOLOGICALS, INC.

Principal Place of Business Mailing Address
% CT CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/06/1975** 3a. Date of Last Report **03/16/1994**

4. FBI Number **74-1668436** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **Gamma Biologicals** 26 **3700 Mangun Rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Houston, TX**
Zip Country 28 Zip Country
24 **77092** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **BRIEDEN, BRYAN J**
STREET ADDRESS **17800 EAST WARREN**
CITY - ST - ZIP **DETROIT MI**
TITLE **CEO**
NAME **HATCHER, DAVID E.**
STREET ADDRESS **15902 CHAMPION DR**
CITY - ST - ZIP **SPRING TX**
TITLE **CS**
NAME **LETWIN, LAWRENCE E**
STREET ADDRESS **1060 CASITAS PASS RD 105**
CITY - ST - ZIP **CARPINTERIA CA**
TITLE **V**
NAME **O'BANNION, MARGARET**
STREET ADDRESS **2219 BRIARWEST**
CITY - ST - ZIP **HOUSTON TX**
TITLE **S**
NAME **HATCHER, BETTY FRANCIS**
STREET ADDRESS **9404 MEMORIAL DR**
CITY - ST - ZIP **HOUSTON TX**
TITLE **P**
NAME **MOULDS, JOHN**
STREET ADDRESS **10235 OAK POINT DR.**
CITY - ST - ZIP **HOUSTON TX**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as a new appointment with an address.

SIGNATURE: *Margaret O'Bannon* VP-Finance 3/6/95 (713)6818481
MARGARET O'BANNION