

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90092 023 ***150.00

DOCUMENT # 833780

1. Corporation Name

GAMMA BIOLOGICALS, INC.

Principal Place of Business

GAMMA BIOLOGICALS
8751 W. BROWARD BLVD.
PLANTATION FL 33324
US

Mailing Address

3700 MANGUM RD
HOUSTON TX 77092
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1975

4. FEI Number

74-1668436

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Gamma Biologicals
Suite, Apt. #, etc.

2a. Mailing Address

26 3700 mangum Rd
Suite, Apt. #, etc.

City & State

23
Zip Country

City & State

28 Houston, Tx.
Zip Country

24
25

29 77092 30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BRIEDEN, BRYAN J	17800 EAST WARREN	DETROIT MI	<input checked="" type="checkbox"/>
PCEO	HATCHER, DAVID E.	3700 MANGUM RD	HOUSTON TX	<input checked="" type="checkbox"/>
CS	LETWIN, LAWRENCE E	10801 LEMON AVE NO. 712	ALTA LOMA CA	<input checked="" type="checkbox"/>
V	O'BANNION, MARGARET	2739 BRIARWEST BLVD NO. 140	HOUSTON TX	<input checked="" type="checkbox"/>
EVP	HATCHER, BETTY FRANCIS	9404 MEMORIAL DR	HOUSTON TX	<input checked="" type="checkbox"/>
SVP	MOULDS, JOHN	10235 OAK POINT DR.	HOUSTON TX	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	EDWARD L. GAUWP	3130 GATEWAY DR	NORCROSS, GA 30091	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P.	STEVEN C. RAMSEY	3130 GATEWAY DR.	NORCROSS, GA 30091	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P.	RALPH A. EATZ	3130 GATEWAY DR.	NORCROSS, GA 30091	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OPERATIONS DIRECTOR	Jimmie L. Turner	3700 MANGUM RD	HOUSTON TX 77092	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Controller	EILEEN M. Neucere	3700 MANGUM RD	HOUSTON, TX 77092	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. Secretary	PHILIP N. MOISE	3130 GATEWAY DR.	NORCROSS, GA 30091	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN M. Neucere, Eileen M. Neucere 1/4/99 713-681-8481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0543591