

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

FILED  
May 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 838575 (9)  
1. Corporation Name  
BAX GLOBAL INC.



Principal Place of Business  
16808 ARMSTRONG AVE.  
18200 VON KARMAN AVENUE  
IRVINE CA 92623  
US

Mailing Address  
ATTN: TAX DEPT.  
P O BOX 4000  
LEBANON VA 24266  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified 06/10/1977	
4. FEI Number 41-0980822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	President
NAME	FARRELL, JOSEPH C	1.2 NAME	Dennis Eittreim
STREET ADDRESS	16808 ARMSTRONG AVE.	1.3 STREET ADDRESS	16808 Armstrong Ave.
CITY-ST-ZIP	IRVINE CA	1.4 CITY-ST-ZIP	Irving, CA 92606
TITLE	VC	2.1 TITLE	Secretary
NAME	LENNON, FRANK T.	2.2 NAME	Brian Cole
STREET ADDRESS	16808 ARMSTRONG AVE.	2.3 STREET ADDRESS	16808 Armstrong Ave.
CITY-ST-ZIP	IRVINE CA	2.4 CITY-ST-ZIP	Irving, CA 92606
TITLE	EVP	3.1 TITLE	
NAME	EITTREIM, DENNIS	3.2 NAME	
STREET ADDRESS	16808 ARMSTRONG AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	
NAME	KETRON, ROGER D	4.2 NAME	
STREET ADDRESS	16808 ARMSTRONG AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

100002536841  
-05/27/98--D1079--002  
\*\*\*150.00

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, on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)