

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90031 011 ***150.00

DOCUMENT # 838575

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

3. Date Incorporated or Qualified

06/10/1977

4. FEI Number

41-0980822

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 16808 ARMSTRONG AVE.

Suite, Apt. #, etc.

22 City & State

23 IRVINE CA

Zip

Country

24 92606

25

USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

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

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 P
NAME EITREIM, DENNIS
STREET ADDRESS 16808 ARMSTRONG AVE.
CITY-ST-ZIP IRVINE CA 92606

☒ DELETE

TITLE VC
NAME LENNON, FRANK T.
STREET ADDRESS 16808 ARMSTRONG AVE.
CITY-ST-ZIP IRVINE CA 92606

☐ DELETE

TITLE S
NAME COLE, BRIAN
STREET ADDRESS 16808 ARMSTRONG AVE.
CITY-ST-ZIP IRVINE CA 92606

☐ DELETE

TITLE AT
NAME KETRON, ROGER D
STREET ADDRESS 16808 ARMSTRONG AVE
CITY-ST-ZIP IRVINE CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME C. ROBERT CAMPBELL
1.3 STREET ADDRESS 16808 ARMSTRONG AVE.
1.4 CITY-ST-ZIP IRVINE, CA. 92606

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

ROGER D. KETRON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99
Date

(540) 889-6240
Daytime Phone #

CR2E034 (11/98)