

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90212 027 \*\*\*150.00

**DOCUMENT # 838575**

1. Entity Name

**BAX GLOBAL INC.**

Principal Place of Business

16808 ARMSTRONG AVE.  
 IRVINE CA 92606  
 US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

*Attn: Tax Dept.*

Suite, Apt. #, etc.

*P.O. Box 18100*

Suite, Apt. #, etc.

City & State

City & State

*Richmond VA*

Zip

Country

Zip

Country

*23226*

*USA*

4. FEI Number **41-0980822**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, ROBERT C	
STREET ADDRESS	16808 ARMSTRONG AVE.	
CITY-ST-ZIP	IRVINE CA 92606	
TITLE	VC	<input type="checkbox"/> Delete
NAME	LENNON, FRANK T.	
STREET ADDRESS	16808 ARMSTRONG AVE.	
CITY-ST-ZIP	IRVINE CA 92606	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERRY, F.V.	
STREET ADDRESS	16808 ARMSTRONG AVE.	
CITY-ST-ZIP	IRVINE CA 92606	
TITLE	AT	<input type="checkbox"/> Delete
NAME	KETRON, ROGER D	
STREET ADDRESS	16808 ARMSTRONG AVE	
CITY-ST-ZIP	IRVINE CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J.L. Carnes	
STREET ADDRESS	16808 ARMSTRONG AVE	
CITY-ST-ZIP	IRVINE CA 92606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1801 BAYBERRY CT	
CITY-ST-ZIP	RICHMOND VA 23226	
TITLE	ASST TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN HAWKINS	
STREET ADDRESS	1801 BAYBERRY CT	
CITY-ST-ZIP	RICHMOND VA 23226	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/26/01*

*(804) 289-9677*

CR2E034 (10/00)