

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838575

FILED
Apr 09, 2008
Secretary of State

Entity Name: BAX GLOBAL INC.

Current Principal Place of Business:

440 EXCHANGE
IRVINE, CA 92602 US

New Principal Place of Business:

Current Mailing Address:

ATTN: LEGAL DEPT
440 EXCHANGE
IRVINE, CA 92602 US

New Mailing Address:

FEI Number: 41-0980822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARNES, J. L.
Address: 440 EXCHANGE
City-St-Zip: IRVINE, CA 92602

Title: D () Delete
Name: BENSEL, NORBERT
Address: DEUTSCHE BAHN AG POTSDAMER PLATZ 2
City-St-Zip: BERLIN 10785 GERMANY,

Title: S () Delete
Name: GROFF, T.G.
Address: 440 EXCHANGE
City-St-Zip: IRVINE, CA 92602

Title: D (X) Delete
Name: WURST, STEFFEN
Address: SCHENKER AG ALFREDSTRASSE 81
City-St-Zip: ESSEN 45130 GERMANY,

Title: D (X) Delete
Name: LIEB, THOMAS
Address: SCHENKER AG ALGREDSTRASSE 81
City-St-Zip: ESSEN 45130 GERMANY,

Title: VP () Delete
Name: MARCILLAC, RONALD
Address: 440 EXCHANGE
City-St-Zip: IRVINE, CA 92602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DENNIS, EITREIM S
Address: 440 EXCHANGE
City-St-Zip: IRVINE, CA 92602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESE G GROFF

S

04/09/2008

Electronic Signature of Signing Officer or Director

_____ Date