FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # 858403 (9)

1. Corporation Name
ALLEGHENY BIOLOGICALS, INC.

Principal Place of Business
625 STANWIX STREET
SUITE 1705
PITTSBURGH PA 15222

Mailing Address
P.O. BOX 5177
CLINTON NJ 08809-0177
US

3. Date Incorporated or Qualified: 11/10/1983
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business
21 780 Park North BIVD
Suite, Apt. #, etc.
22 SUITE 110
City & State
23 CLARKSTON GA
Zip
24 30021
Country
25 U.S.A.

2a. Mailing Address
26 780 PARK NORTH BIVD
Suite, Apt. #, etc.
27 # 110
City & State
28 CLARKSTON GA
Zip
29 30021
Country
30 USA

4. FEI Number: 25-1350349 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PSD	☒ DELETE
NAME	HINSHAW, CHARLES P	
STREET ADDRESS	38 BUNNVALE ROAD	
CITY-ST-ZIP	CALIFON NJ 07830	
TITLE	VST	☒ DELETE
NAME	HINSHAW, BETTY E	
STREET ADDRESS	38 BUNNVALE ROAD	
CITY-ST-ZIP	CALIFON NJ 07830	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	C	☐ Change ☒ Addition
1 NAME	Penninger, SAMUAL A. JR.	
1 STREET ADDRESS	780 PARK NORTH BIVD SUITE 110	
1 CITY-ST-ZIP	CLARKSTON, GA 30021	
2 TITLE	S	☐ Change ☒ Addition
2 NAME	P. JANEY CHRISTINE	
2 STREET ADDRESS	780 PARK North BIVD SUITE 110	
2 CITY-ST-ZIP	CLARKSTON GA 30021	
3 TITLE	V	☐ Change ☒ Addition
3 NAME	HURST, TIMM A.	
3 STREET ADDRESS	780 PARK NORTH BIVD SUITE 110	
3 CITY-ST-ZIP	CLARKSTON, GA 30021	
4 TITLE	V	☐ Change ☒ Addition
4 NAME	KRESS, GARY A.	
4 STREET ADDRESS	780 PARK NORTH BIVD SUITE 110	
4 CITY-ST-ZIP	CLARKSTON, GA 30021	
5 TITLE	VT	☐ Change ☒ Addition
5 NAME	PLUMB, RUSSELL H.	
5 STREET ADDRESS	780 PARK NORTH BIVD SUITE 110	
5 CITY-ST-ZIP	CLARKSTON GA 30021	
6 TITLE	PO	☐ Change ☒ Addition
6 NAME	TENESO, HAROLD J.	
6 STREET ADDRESS	780 PARK NORTH BIVD SUITE 110	
6 CITY-ST-ZIP	CLARKSTON, GA 30021	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: ______ 4/1/96 404-296-5686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)