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

FILED
Jun 11 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 # **858403** **(9)**

1. Corporation Name
ALLEGHENY BIOLOGICALS, INC.

Principal Place of Business	Mailing Address
780 PARKNORTH BLVD. SUITE 110 CLARKSTON GA 30021 US	780 PARK NORTN SUITE 110 CLARKSTON GA 30021 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1983

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PENNINGER, SAMUAL A. JR.		1.2 NAME		
STREET ADDRESS	780 PARK NORTH BLVD SUITE 110		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLARKSTON GA		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	F. JANEY CRISTINE		2.2 NAME		
STREET ADDRESS	780 PARK NORTH BLVD SUITE 110		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLARKSTON GA		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HURST, TIMM M.		3.2 NAME		
STREET ADDRESS	780 PARK NORTN BLVD. SUITE 110		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLARKSTON GA		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE	Via President, Regulatory Affairs	☒ Change ☐ Addition
NAME	KRESS, GARY A.		4.2 NAME	P. Ann Huppe	
STREET ADDRESS	780 PARK NORTH BLVD. SUITE 110		4.3 STREET ADDRESS	780 Park North Blvd Suite 110	
CITY-ST-ZIP	CLARKSTON GA		4.4 CITY-ST-ZIP	Clarkston, GA 30021	
TITLE	VT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PLUMB, RUSSELL H.		5.2 NAME		
STREET ADDRESS	780 PARK NORTH BLVD. SUITE 110		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLARKSTON GA		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TENESO, HAROLD S.		6.2 NAME		
STREET ADDRESS	780 PRAR NORTH BLVD. SUITE 110		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLARKSTON GA		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____