FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 15 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 858403

1. Entity Name

Allegheny Biologicals, Inc.

DO NOT WRITE IN THIS SPACE

100008524821
10/22/02--01121--002 **550.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5655 Spalding Dr.	5655 Spalding Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Norcross, GA	City & State: Norcross, GA
Zip: 30092 Country: USA	Zip: 30092 Country: USA

4. FEI Number: 25-1350349 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System
1200 South Pine Island Road
City: Plantation FL Zip Code: 33324

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	David A. Dodd, Chairman/CEO 5655 Spalding Dr. Norcoss, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harold W. Ingalls, VP, CFO, Treas, Sec 5655 Spalding Dr. Norcross, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeffrey D.Linton, Asst.-Secretary 5655 Spalding Dr. Norcross, GA 30092
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 16 September, 2002 678-728-2000
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JS 10/15/02