APPLICATION FOR REGISTRATION OF LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

B95000000097

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY 16 AM 9:31

DOCUMENT # B95000000097

1. Name of Limited Partnership
Sera-tec Biologicals Limited Partnership

DO NOT WRITE IN THIS SPACE

2. Mailing Address
SERA-TEC BIOLOGICALS
LIMITED PARTNERSHIP
223 NORTH CENTER DRIVE
NORTH BRUNSWICK, NJ 08902
Zip | Country

3. Principal Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Formed or Registered To Do Business in Florida

5. FEI Number 25-1763179
22-3223743
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. State or Country of Formation

8a. Capital Contributions as Shown on Record:
443,072 KW

8b. Amount of Capital Contributions in FLORIDA to date
KW

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $103.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

Prentice Hall
1201 Hay St. Suite 105
Tallahassee, Fla 33201

10. If changed, new registered agent/office

Name
Street Address (P.O. Box Number is Not Acceptable)
900002181589--0
Suite, Apt. #, etc.
-05/16/97--01081--020
***1041.25 *****656.25
City
FL
Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
S.T. Biologicals	15 Chestnut St. 12th Floor	Philadelphia, Pa. 19102	F95-1316

REINSTATEMENT 97
ok 5-16

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Carlton R. Smith Chairman DATE 5/12/97

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

CR2E031 (1/97)