

FO/0000004404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

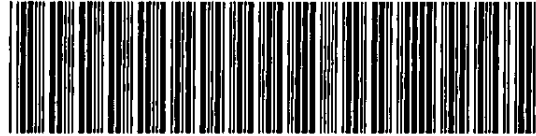
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RA
Change

04/03/07--01003--002 **35.00

FILED
2007 APR -3 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DE
2/4/07



FILING TRANSMITTAL FORM

TO : Division of Corporations
Florida Department of State
2661 Executive Center Circle
P. O. Box 6327
Tallahassee, FL 32314

FR: Gary Sherman
DATE: March 30, 2007

RE: Hemocue, Inc.

PLEASE FILE THE ATTACHED

Change of Registered Agent

A check for the filing fee is enclosed

PLEASE OBTAIN THE FOLLOWING EVIDENCE: One filed stamped copy

Please call Gary Sherman at 800-300-5067 if there are any problems with this filing.

Please Return Evidence By Regular Mail to:
Gary Sherman
CONTINENTAL CORPORATE SERVICES, INC.
189 FRANKLIN AVENUE, SUITE 1
NUTLEY, NJ 07110
PHONE: 800-300-5067
FAX: 973-542-0313

Thank you.

RECEIVED BY THE DIVISION OF CORPORATIONS - 3/30/07

3/30/07 10:00 AM

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hemocue, Inc.
2. The principal office address: 1290 Wall St. West, 2nd Floor
Lyndhurst, NJ 07071
3. The mailing address (if different): _____
4. Date of incorporation/qualification: August 20, 2001 (Qual.) Document number: F01000004404
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 S. Pine Island Rd.

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

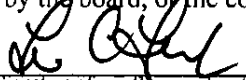
2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Leo C. Faarenkopf, Jr., Secretary

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

3/27/07

(Date)

If signing on behalf of an entity:

Gary Sherman, Asst. Secretary

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314