2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
02-25-2002 90105 023 ***150.00

DOCUMENT # F01000004484

1. Entity Name
ZLB BIOPLASMA INC.

Principal Place of Business	Mailing Address
C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801	C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
801 North Brand Boulevard	5201 Congress Ave Suite C220
Suite, Apt. #, etc.: Suite 1150	Suite, Apt. #, etc.:
City & State: Glendale, CA	City & State: Boca Raton, FL
Zip: 91203 Country: USA	Zip: 33487 Country: USA

4. FEI Number: 74-2967974 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
~~After May 1, 2002 Fee will be $550.00~~
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEHART, PETE 801 NORTH BRAND BLVD., SUITE 1150 GLENDALE CA 91203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Secretary Gregory Boss 801 North Brand Blvd., Suite 1150 Glendale, CA 91203	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TURVEY, PETER 45 POPLAR ROAK PARKVILLE,VICTORIA,AUSTRALIA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Horner Peter WANKDORFSTRASSE 10 CH-3000 BERN 22 SWITZERLAND	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CIPA, ANTONI 45 POPLAR ROAK PARKVILLE,VICTORIA,AUSTRALIA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, JACK 45 POPLAR ROAK PARKVILLE,VICTORIA,AUSTRALIA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MCNAMEE, BRIAN 45 POPLAR ROAK PARKVILLE,VICTORIA,AUSTRALIA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Pete DeHart 2-5-02 818-244-2952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #