2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# F01000004484

Entity Name: CSL PLASMA INC.

Current Principal Place of Business:

900 BROKEN SOUND PKWY., BLDG. A, STE. 400
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

1020 FIRST AVE
P.O. BOX 61501, ATTN: TAX DEPT.
KING OF PRUSSIA, PA 19406 US

New Mailing Address:

FEI Number: 74-2967974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: PERREAULT, PAUL
Address: 1020 FIRST AVE
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: D
Name: FURBY, RANDY L
Address: 5201 CONGRESS AVE
City-St-Zip: BOCA RATON, FL 33487

Title: PD
Name: NAYLOR, GORDON
Address: 5201 CONGRESS AVE., STE. 220
City-St-Zip: BOCA RATON, FL 33487

Title: D
Name: NEAL, LAUREN R
Address: 1020 FIRST AVE
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: S
Name: BOSS, GREGORY
Address: 1020 FIRST AVE
City-St-Zip: KING OF PRUSSIA, PA 19406

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAUREN R NEAL D 04/24/2012

Electronic Signature of Signing Officer or Director Date