

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91265 033 ***150.00

DOCUMENT # F01000006157

1. Entity Name
BIOLIFE PLASMA INC.

Principal Place of Business

**ONE BAXTER PARKWAY
 DEERFIELD IL 60015**

Mailing Address

**ONE BAXTER PARKWAY
 DEERFIELD IL 60015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4418641

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



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

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)**

☐

**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 **CD** ☐ Delete
NAME **GLANZMANN, THOMAS H**
STREET ADDRESS **550 NORTH BRAND BLVD.**
CITY-ST-ZIP **GLENDAL CA 91203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **YOUNG, DENNIS G**
STREET ADDRESS **550 NORTH BRAND BLVD.**
CITY-ST-ZIP **GLENDAL CA 91203**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **SCHAMROWSKI, DANIEL**
STREET ADDRESS **2197 PKWY LANE DR**
CITY-ST-ZIP **HOOVER, AL 32544-1804**

TITLE **VT** ☐ Delete
NAME **MURRAY, MARTIN J**
STREET ADDRESS **2197 PARKWAY LANE DRIVE**
CITY-ST-ZIP **HOOVER AL 32544-1804**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
NAME **MURRAY, MARTIN J**
STREET ADDRESS **2197 PKWY LANE DR**
CITY-ST-ZIP **HOOVER, AL 32544-1804**

TITLE **S** ☐ Delete
NAME **REED, JAN STERN**
STREET ADDRESS **ONE BAXTER PARKWAY**
CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☒ Delete
NAME **ASHBA, PAUL**
STREET ADDRESS **1627 LAKE COOK ROAD**
CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **RICHO, ANNA S**
STREET ADDRESS **ONE BAXTER PKWY**
CITY-ST-ZIP **DEERFIELD, IL 60015**

TITLE **AT** ☐ Delete
NAME **MCDONALD, TIMOTHY M**
STREET ADDRESS **ONE BAXTER PARKWAY**
CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

TIMOTHY M. McDONALD
ASST. TREASURER

4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)