

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90493 002 ***150.00

0650460 AT

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

Zip

Country

Zip

Country

4. FEI Number **36-4418641**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RICHIO, ANNA S
ONE BAXTER PKWY
DEERFIELD IL 60015** ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TIMOTHY M. McDONALD
ASST-TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

Daytime Phone #

(20/01) *003000