

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90070 046 ***150.00

DOCUMENT # F02000005390

1. Entity Name
VAXSERVE, INC.



Principal Place of Business
111 N WASHINGTON AVE
SCRANTON, PA 18503

Mailing Address
111 N WASHINGTON AVE
SCRANTON, PA 18503

40101000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

23-2970998

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
DVP
EPIFANO, FRANK A
STREET ADDRESS
111 N WASHINGTON AVE
CITY - ST - ZIP
SCRANTON, PA 18505 ☐ Delete

TITLE
NAME
AT
Mary Ellen Monacelli
STREET ADDRESS
111 N. Washington Ave.
CITY - ST - ZIP
Scranton, PA 18505 ☐ Change ☒ Addition

TITLE
NAME
DP
BRAGA, DAMIAN
STREET ADDRESS
111 N WASHINGTON AVE
CITY - ST - ZIP
SCRANTON, PA 18505 ☐ Delete

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

TITLE
NAME
VP
MONTGOMERY, CHARLES S
STREET ADDRESS
111 N WASHINGTON AVE
CITY - ST - ZIP
SCRANTON, PA 18505 ☐ Delete

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

TITLE
NAME
AT
FERNER, CHRISTOPHER L
STREET ADDRESS
111 N WASHINGTON AVE
CITY - ST - ZIP
SCRANTON, PA 18505 ☐ Delete

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

TITLE
NAME
VP
CLEARY, TIMOTHY B
STREET ADDRESS
111 N WASHINGTON AVE
CITY - ST - ZIP
SCRANTON, PA 18505 ☐ Delete

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

TITLE
NAME
DVP
PARISI, DALE
STREET ADDRESS
111 N WASHINGTON AVE
CITY - ST - ZIP
SCRANTON, PA 18505 ☐ Delete

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 exemptions contained in Chapter 119, 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:

Mary Ellen Monacelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ellen Monacelli

4/19/07

Date

(570)839-6136

Daytime Phone #