



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90130 044 ***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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 23-2970998				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04072008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EPIFANO, FRANK A 111 N WASHINGTON AVE SCRANTON, PA 18505		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Joseph Collins 111 N. Washington Ave. Scranton, PA 18503	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRAGA, DAMIAN 111 N WASHINGTON AVE SCRANTON, PA 18505		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Mary Ellen Monacelli 111 N. Washington Ave. Scranton, PA 18503	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTGOMERY, CHARLES S 111 N WASHINGTON AVE SCRANTON, PA 18505		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FERNER, CHRISTOPHER L 111 N WASHINGTON AVE SCRANTON, PA 18505		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLEARY, TIMOTHY B 111 N WASHINGTON AVE SCRANTON, PA 18505		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PARISI, DALE 111 N WASHINGTON AVE SCRANTON, PA 18505		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: <u>Mary Ellen Monacelli</u> <u>Mary Ellen Monacelli</u> <u>4/10/08</u> <u>(570) 839-6136</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					