2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005390

Entity Name: VAXSERVE, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
111 N WASHINGTON AVE SCRANTON, PA 18503				111 N WASHINGTON AVE ATTN: TAX DEPARTMENT SCRANTON, PA 18503		
Current Mailing Address:			New Mai	New Mailing Address:		
111 N WASHINGTON AVE SCRANTON, PA 18503			ATTN: T	111 N WASHINGTON AVE ATTN: TAX DEPARTMENT SCRANTON, PA 18503		
FEI Number:	23-2970998	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOUT	ORATION SYS TH PINE ISLAN ON, FL 33324					
The above in the State		ubmits this statement for the purp	oose of changing	ı its registered	office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent					Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	EPIFANO, FRAN 111 N WASHING SCRANTON, PA	TON AVE 18505 Delete ARY E 3TON AVE.	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	EPIFANO, FR 111 N WASHI SCRANTON, I AT (MONACELLI, 111 N. WASH	NGTON AVE PA 18503 X) Change () Addition MARY E INGTON AVE.	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	VP () MONTGOMERY, 111 N WASHING SCRANTON, PA AT () FERNER, CHRIS 111 N WASHING SCRANTON, PA	Delete CHARLES S STON AVE 18505 Delete STOPHER L STON AVE 18505 Delete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	VP (MONTGOMEF 111 N WASHI SCRANTON, I AT (FERNER, CHI 111 N WASHI SCRANTON, I	X) Change () Addition RY, CHARLES S NGTON AVE PA 18503 X) Change () Addition RISTOPHER L NGTON AVE	
Address: City-St-Zip:	111 N. WASHING SCRANTON, PA	STON AVE.	Address: City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY ELLEN MONACELLI AT 04/14/2009