

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005390

FILED
Apr 10, 2012
Secretary of State

Entity Name: VAXSERVE, INC.

Current Principal Place of Business:

111 N WASHINGTON AVE
ATTN: TAX DEPARTMENT
SCRANTON, PA 18503

New Principal Place of Business:

Current Mailing Address:

111 N WASHINGTON AVE
ATTN: TAX DEPARTMENT
SCRANTON, PA 18503

New Mailing Address:

FEI Number: 23-2970998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: EPIFANO, FRANK A
Address: 111 N WASHINGTON AVE
City-St-Zip: SCRANTON, PA 18503

Title: AT
Name: MONACELLI, MARY E
Address: 111 N. WASHINGTON AVE.
City-St-Zip: SCRANTON, PA 18503

Title: VP
Name: MONTGOMERY, CHARLES S
Address: 111 N WASHINGTON AVE
City-St-Zip: SCRANTON, PA 18503

Title: AT
Name: FERNER, CHRISTOPHER L
Address: 111 N WASHINGTON AVE
City-St-Zip: SCRANTON, PA 18503

Title: PD
Name: THOMAS, ALBERT
Address: 111 N. WASHINGTON AVE.
City-St-Zip: SCRANTON, PA 18503

Title: DIR
Name: MCKENNA, BRIAN
Address: 111 N. WASHINGTON AVE.
City-St-Zip: SCRANTON, PA 18503

I hereby 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 all other like empowered.

SIGNATURE: MARY ELLEN MONACELLI

AT

04/10/2012

Electronic Signature of Signing Officer or Director

Date