

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90099 008 ***150.00

DOCUMENT # F03000005261

1. Entity Name
IBIOLOGIC, INC.



Principal Place of Business
7101 TPC DR., STE. 150
ORLANDO, FL 32822

Mailing Address
7101 TPC DR., STE. 150
ORLANDO, FL 32822

44029493



2. Principal Place of Business
6272 Lee Vista Blvd

3. Mailing Address
Same # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004

Chg-P

CR2E034 (10/03)

City & State
Orlando FL

City & State

4. FEI Number
20-0325621

Applied For
Not Applicable

Zip
32822

Country
USA

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

NRAI SERVICES, INC.
526 E-PARK AVE.
TALLAHASSEE, FL 32301

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, 2004 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 VC ☒ Delete
NAME JANNOTTA, EDGAR D JR.
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO, IL 60606

TITLE Director, VP ☐ Change ☒ Addition
NAME Barnett A. Toan
STREET ADDRESS 42 Pont land Place
CITY-ST-ZIP St. Louis, MO 63108

TITLE D ☐ Delete
NAME BUDIN, ETHAN A
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO, IL 60606

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

TITLE DP ☐ Delete
NAME MEFFE, DOMINIC A
STREET ADDRESS 7101 TPC DR., STE. 150
CITY-ST-ZIP ORLANDO, FL 32822

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

TITLE S ☐ Delete
NAME HOWARD, DONALD D
STREET ADDRESS 7101 TPC DR., STE. 150
CITY-ST-ZIP ORLANDO, FL 32822

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Dom A. Meffe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-17-04

Date

407-852-4910

Daytime Phone #