

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006905

FILED
Jan 10, 2012
Secretary of State

Entity Name: QUALIGEN, INC.

Current Principal Place of Business:

2042 CORTE DEL NOGAL STE B
CARLSBAD, CA 92009

New Principal Place of Business:

Current Mailing Address:

2042 CORTE DEL NOGAL STE B
CARLSBAD, CA 92009

New Mailing Address:

FEI Number: 41-1836900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JASON
11061 CASTLEMAIN CIRCLE E
JACKSONVILLE, FL 32256 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: PCEO
Name: ROSINACK, PAUL A
Address: 2042 CORTE DEL NOGAL STE B
City-St-Zip: CARLSBAD, CA 92009

Title: SVP
Name: POIRIER, MICHAEL S
Address: 2042 CORTE DEL NOGAL STE B
City-St-Zip: CARLSBAD, CA 92009

Title: VP
Name: BUCHANAN, ROBERT
Address: 2042 CORTE DEL NOGAL STE B
City-St-Zip: CARLSBAD, CA 92009

Title: VP
Name: LOTZ, CHRISTOPHER L
Address: 2042 CORTE DEL NOGAL STE B
City-St-Zip: CARLSBAD, CA 92009

Title: VP
Name: ABDUL-AHAD, WAJDI
Address: 2042 CORTE DEL NOGAL STE B
City-St-Zip: CARLSBAD, CA 92009

Title: VP
Name: NONE, NONE
Address: 2042 CORTE DEL NOGAL STE B
City-St-Zip: CARLSBAD, CA 92009

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: CHRISTOPHER LOTZ

CFO

01/10/2012

Electronic Signature of Signing Officer or Director

Date