2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # F06000007626 07 OCT 17 AM 9:31 LIFESOURCE BLOOD SERVICES CORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1205 N. MILWAUKEE AVENUE 1205 N. MILWAUKEE AVENUE GLENVIEW, IL 60025 GLENVIEW, IL 60025 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number 36-3492969 City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code FL 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$61.25 Make check payable to After January 1, 2008, Fee will be \$122.50 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change IITLE ☐ Delete TITLE Addition **700110863**: 10/16/07--01056--018 JONES, MICHAEL H NAME **70.00 1205 N. MILWAUKEE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GLENVIEW, IL 60025 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition ROPER GERALD NAME 1205 N. MILWAUKEE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GLENVIEW, IL 60025 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FEURER, RUSSELL E NAME 1205 N. MILWAUKEE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GLENVIEW, IL 60025 CITY-ST-ZIP Delete PD overt James P. Change 1205 M. M. Waukee Avenue PORTMAN, WILLIAM H NAME NAME STREET ADDRESS 1205 N. MILWAUKEE AVENUE STREET ADDRESS CITY-ST-ZIP GLENVIEW, IL 60025 CITY - ST - ZIP TITLE ☐ Delete TITLE Addition BEST, PATRICIA NAME NAME STREET ADDRESS 1205 N. MILWAUKEE AVENUE STREET ADDRESS GLENVIEW, IL 60025 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition DAVIS, JOHN N

12. I hereby certify that the information supplied with this filling 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 617, 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 1205 N. MILWAUKEE AVENUE

GLENVIEW, IL 60025

kn su-SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR