


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000007626	
1. Entity Name LIFESOURCE BLOOD SERVICES CORPORATION	

Principal Place of Business 1205 N. MILWAUKEE AVENUE GLENVIEW, IL 60025	Mailing Address 1205 N. MILWAUKEE AVENUE GLENVIEW, IL 60025
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-3492969	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000831386 02/27/08-80016-011 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, MICHAEL H 1205 N. MILWAUKEE AVENUE GLENVIEW, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROPER, GERALD 1205 N. MILWAUKEE AVENUE GLENVIEW, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEURER, RUSSELL E 1205 N. MILWAUKEE AVENUE GLENVIEW, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COVERT, JAMES P 1205 N. MILWAUKEE AVENUE GLENVIEW, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEST, PATRICIA 1205 N. MILWAUKEE AVENUE GLENVIEW, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, JOHN N 1205 N. MILWAUKEE AVENUE GLENVIEW, IL 60025

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: John N Davis JOHN N DAVIS 2/11/08 412-209-7302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #