2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2010
Secretary of State

DOCUMENT# F09000003035

Entity Name: BLOODCENTER OF WISCONSIN, INC.

Current Principal Place of Business:

638 N 18TH STREET
MILWAUKEE, WI 53201

New Principal Place of Business:

638 N 18TH STREET
MILWAUKEE, WI 53233

Current Mailing Address:

PO BOX 2178
MILWAUKEE, WI 53201

New Mailing Address:

FEI Number: 39-0807235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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: C
Name: HAUSKE, THOMAS J JR
Address: 638 N 18TH STREET
City-St-Zip: MILWAUKEE, WI 53233

Title: P
Name: FREDRICK, JACKIE
Address: 638 N 18TH STREET
City-St-Zip: MILWAUKEE, WI 53233

Title: D
Name: GOTTSCHALL, JEROME MD
Address: 638 N 18TH STREET
City-St-Zip: MILWAUKEE, WI 53233

Title: VCFO
Name: ALLEN, JEFFREY
Address: 638 N 18TH STREET
City-St-Zip: MILWAUKEE, WI 53233

Title: D
Name: LEMENSE, LYNNE R
Address: 638 N 18TH STREET
City-St-Zip: MILWAUKEE, WI 53233

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYNNE LEMENSE DIR 01/26/2010

Electronic Signature of Signing Officer or Director Date