

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003035

FILED
Jan 24, 2011
Secretary of State

Entity Name: BLOODCENTER OF WISCONSIN, INC.

Current Principal Place of Business:

638 N 18TH STREET
MILWAUKEE, WI 53233

New Principal Place of Business:

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: PCEO
Name: FREDRICK, JACQUELYN
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: MARRIOTT, ROBERT
Address: 638 N 18TH STREET
City-St-Zip: MILWAUKEE, WI 53233

Title: RAQA
Name: RIEMER, TODD
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: TODD RIEMER

RAQA

01/24/2011

Electronic Signature of Signing Officer or Director

Date