

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003442

FILED
Feb 03, 2011
Secretary of State

Entity Name: STEMNION, INC.

Current Principal Place of Business:

100 TECHNOLOGY DRIVE
SUITE 200
PITTSBURGH, PA 15219

New Principal Place of Business:

Current Mailing Address:

100 TECHNOLOGY DRIVE
SUITE 200
PITTSBURGH, PA 15219

New Mailing Address:

FEI Number: 51-0404343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: CVTD
Name: GOLDEN, WILLIAM J
Address: 100 TECHNOLOGY DRIVE, STE 200
City-St-Zip: PITTSBURGH, PA 15219

Title: PD
Name: SING, GEORGE
Address: 100 TECHNOLOGY DRIVE, STE 200
City-St-Zip: PITTSBURGH, PA 15219

Title: S
Name: KINN, BRUCE A ESQ.
Address: 100 TECHNOLOGY DRIVE, STE 200
City-St-Zip: PITTSBURGH, PA 15219

Title: D
Name: GOLDEN, TERENCE C
Address: 1156 15TH ST, NW, SUITE 601
City-St-Zip: WASHINGTON, DC 20005

Title: D
Name: MCARTHUR, JOHN H
Address: 100 COTTING HOUSE, SOLDIERS FIELD
City-St-Zip: BOSTON, MA 02163

Title: D
Name: WAGNER, DONALD
Address: 100 TECHNOLOGY DRIVE, STE 400
City-St-Zip: PITTSBURGH, PA 15219

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: WILLIAM GOLDEN

CVTD

02/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date