

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Aug 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001316 (7)

1. Corporation Name
S T BIOLOGICALS CORP.

Principal Place of Business
12TH FLOOR PACKARD BUILDING
15TH AND CHESTNUT STREETS
PHILADELPHIA PA 19102

Mailing Address
12TH FLOOR PACKARD BUILDING
15TH AND CHESTNUT STREETS
PHILADELPHIA PA 19102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1995

4. FEI Number

25-1763179

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 223 North Center Drive

Suite, Apt. #, etc.

22 City & State

23 North Brunswick, NJ

24 Zip 08902 25 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

2a. Mailing Address

26 223 North Center Drive

Suite, Apt. #, etc.

27 City & State

28 North Brunswick, NJ

29 Zip 08902 30 Country

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME GRASS, ALEXANDER
STREET ADDRESS 30 HUNTER LANE
CITY-ST-ZIP CAMP HILL PA 17001

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME GRASS, ALEXANDER
1.3 STREET ADDRESS 4025 CROOKED HILL ROAD
1.4 CITY-ST-ZIP HARRISBURG, PA 17110

2.1 TITLE S ☐ Change ☒ Addition

2.2 NAME ROSEN, JOE
2.3 STREET ADDRESS 223 NORTH CENTER DRIVE
2.4 CITY-ST-ZIP NORTH BRUNSWICK, NJ 08902

3.1 TITLE ASST. S ☐ Change ☒ Addition

3.2 NAME SWICK, CARL
3.3 STREET ADDRESS 223 NORTH CENTER DRIVE
3.4 CITY-ST-ZIP NORTH BRUNSWICK, NJ 08902

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)

Application for Automatic Extension of Time To File Corporation Income Tax Return

OMB No. 1545-0233

Name of corporation

Employer identification number

S T BIOLOGICALS CORP.

25-1763179

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)

4025 CROOKED HILL ROAD

City or town, state, and ZIP code

HARRISBURG, PA 17110

Check type of return to be filed:

<input type="checkbox"/> Form 1120	<input type="checkbox"/> Form 1120-FSC	<input type="checkbox"/> Form 1120-ND	<input type="checkbox"/> Form 1120-REIT	<input type="checkbox"/> Form 1120-SF
<input type="checkbox"/> Form 1120-A	<input type="checkbox"/> Form 1120-H	<input type="checkbox"/> Form 1120-PC	<input type="checkbox"/> Form 1120-RIC	<input type="checkbox"/> Form 990-C
<input type="checkbox"/> Form 1120-F	<input type="checkbox"/> Form 1120-L	<input type="checkbox"/> Form 1120-POL	<input checked="" type="checkbox"/> Form 1120S	<input type="checkbox"/> Form 990-T

Form 1120-F filers: Check here if you do not have an office or place of business in the United States ☐

1a I request an automatic 6-month (or, for certain corporations, 3-month) extension of time
until SEPT 15, 1998, to file the income tax return of the corporation named above for ☒ calendar
year 97 or ☐ tax year beginning and ending

b If this tax year is for less than 12 months, check reason:
☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

2 If this application also covers subsidiaries to be included in a consolidated return, complete the following:

Name and address of each member of the affiliated group	Employer identification number	Tax period

3 Tentative tax (see instructions) 3 NONE

4 Credits:

a Overpayment credited from prior year	4a	
b Estimated tax payments for the tax year	4b	
c Less refund for the tax year applied for on Form 4466	4c	
d Credit from regulated investment companies	4d	
e Credit for Federal tax on fuels	4e	
f Credit for Federal tax on fuels	4f	

5 Total. Add lines 4d through 4f 5 NONE

Balance due. Subtract line 5 from line 3. Deposit this amount electronically or with a Federal

Tax Deposit (FTD) Coupon (see instructions) 6 NONE

Signature. - Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

David A. Stillwagon <u>207-52-3958</u> (Signature of officer or agent)	KYVIN PEAT MARWICK LLP 225 MARKET STREET HARRISBURG, PA 17109-1180 (Title)	<u>3-7-98</u> (Date)
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