2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005553

Address:

City-St-Zip:

FILED Jan 08, 2009 Secretary of State

Entity Name: CRYOBANKS INTERNATIONAL, INC.						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
270 SOUTH NORTH LAKE BLVD., STE 1000 ALTAMONTE SPRINGS, FL 32701				270 NORTH LAKE BLVD., STE 1000 ALTAMONTE SPRINGS, FL 32701		
Current Mailing Address:			New Maili	New Mailing Address:		
270 SOUTH NORTH LAKE BLVD., STE 1000 ALTAMONTE SPRINGS, FL 32701				270 NORTH LAKE BLVD., STE 1000 ALTAMONTE SPRINGS, FL 32701		
FEI Number:	: 59-3310005	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
SUITE 300	AGLER DRIVE					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	ent	Date		
Election Car	mpaign Financir	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GRAVELY, RC 270 SOUTH N) Delete BERT DRTH LAKE BLVD STE 1000 SPRINGS, FL 32701	Title: Name: Address: City-St-Zip:		(X) Change () Addition ROBERT I LAKE BLVD STE 1000 E SPRINGS, FL 32701	
Title: Name: Address: City-St-Zip:	KAZI, ZUBAIR 270 SOUTH N) Delete DRTH LAKE BLVD STE 1000 SPRINGS, FL 32701	Title: Name: Address: City-St-Zip:	270 NORTH	(X) Change () Addition DD, ROBERT W LAKE BLVD STE 1000 E SPRINGS, FL 32701	
Title: Name: Address: City-St-Zip:	SIDDIQUE, OS 270 SOUTH N) Delete MAN DRTH LAKE BLVD STE. 1000 PRINGS, FL 32701	Title: Name: Address: City-St-Zip:		(X) Change () Addition IULIO I LAKE BLVD STE. 1000 E SPRINGS, FL 32701	
Title: Name:	() Delete	Title: Name:	D RUKNUDDE	()Change(X)Addition EN. BALILI	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT GRAVELY SEC 01/08/2009

270 NORTH LAKE BLVD STE 1000

ALTAMONTE SPRINGS, FL 32701