2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05467 Mar 22, 2000 8:00 am 1. Entity Name **Secretary of State** SEROLOGICALS, INC. 03-22-2000 90097 038 ***150.00 Principal Place of Business Mailing Address 780 PARK N. BLVD. 780 PARK N. BLVD. SUITE110 SUITE110 **CLARKSTON GA 30021-1900** CLARKSTON GA 30021 UUUSUOIS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2502915 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Assistant Thange TITLE Delete TITLE JANEY, CHRISTINE F NAME NAME 780 PARK N. BLVD. STE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLARKSTON GA 33021** 4 Addition ☐ Change **VCFS** Delete TITLE PLUMB, RUSSELL H NAME Park North Bluck STREET ADDRESS STREET ADDRESS 780 PARK B, BLVD. STE 110 CA 30021 CITY-ST-ZIP CITY-ST-ZIP **CLARKSTON GA 30021** Addition Delete ☐ Change TITLE TITLE Desmond H.O' Connell, Jr 180 Park North Blud PENSCO, HAROLD J NAME STREET ADDRESS 780 PARK N. BLVD. SUITE 110 STREET ADDRESS GA 3002 CITY-ST-ZIP CITY-ST-ZIP **CLARKSTON GA 30021** Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-00

404-296-5595

Daytime Phone #