

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058995

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** HEMACARE BIOSCIENCE, INC.

**Current Principal Place of Business:**

15350 SHERMAN WAY, #350  
VAN NUYS, CA 91406

**New Principal Place of Business:**

**Current Mailing Address:**

15350 SHERMAN WAY, #350  
VAN NUYS, CA 91406

**New Mailing Address:**

**FEI Number:** 65-0847391

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STEFFENHAGEN, JULIAN  
Address: 15350 SHERMAN WAY, SUITE 350  
City-St-Zip: VAN NUYS, CA 91406

Title: CFOD  
Name: CHILTON, ROBERT S  
Address: 15350 SHERMAN WAY, SUITE 350  
City-St-Zip: VAN NUYS, CA 91406

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: ROBERT S. CHILTON

CFO

02/22/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date