

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90105 023 ***150.00

U.S. DEPT. OF STATE

DOCUMENT # F01000004484

1. Entity Name
ZLB BIOPLASMA INC.

Principal Place of Business C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801	Mailing Address C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 801 North Brand Boulevard	3. Mailing Address 5201 Congress Ave Suite C220
Suite, Apt. #, etc. Suite 1150	Suite, Apt. #, etc.

City & State Glendale, CA	City & State Boca Raton FL	4. FEI Number 74-2967974	Applied For <input type="checkbox"/> Not Applicable
Zip 91203	Country USA	Zip 33487	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
~~After May 1, 2002 Fee will be \$550.00~~
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEHART, PETE 801 NORTH BRAND BLVD., SUITE 1150 GLENDALE CA 91203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Gregory Boss 801 North Brand Blvd., Suite 1150 Glendale, CA 91203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURVEY, PETER 45 POPLAR ROAK PARKVILLE, VICTORIA, AUSTRALIA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Turner Peter WANKDORFSTRASSE 10 CH-3000 Bern 22 SWITZERLAND
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CIPA, ANTONI 45 POPLAR ROAK PARKVILLE, VICTORIA, AUSTRALIA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JACK 45 POPLAR ROAK PARKVILLE, VICTORIA, AUSTRALIA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCNAMEE, BRIAN 45 POPLAR ROAK PARKVILLE, VICTORIA, AUSTRALIA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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, 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: *Pete DeHart* **REWRUPete DeHart** **2-5-02** **818-244-2952**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)