

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004484

FILED
Apr 29, 2009
Secretary of State

Entity Name: CSL PLASMA INC.

Current Principal Place of Business:

5201 CONGRESS AVE
SUITE 220
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

1020 FIRST AVE
P.O. BOX 61501, ATTN: TAX DEPT.
KING OF PRUSSIA, PA 19406 US

New Mailing Address:

FEI Number: 74-2967974 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: D () Delete
Name: TURNER, PETER
Address: 1020 FIRST AVE
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: D () Delete
Name: CIPA, ANTONI
Address: 45 POPLAR ROAK
City-St-Zip: PARKVILLE,VICTORIA,AUSTRALIA,

Title: PD () Delete
Name: NAYLOR, GORDON
Address: 5201 CONGRESS AVE., STE. 220
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: MCNAMEE, BRIAN
Address: 45 POPLAR ROAK
City-St-Zip: PARKVILLE,VICTORIA,AUSTRALIA,

Title: S () Delete
Name: BOSS, GREGORY
Address: 1020 FIRST AVE
City-St-Zip: KING OF PRUSSIA, PA 19406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: GREGORY BOSS

S

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date