

2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000004484

Entity Name: CSL PLASMA INC.

Current Principal Place of Business:

900 BROKEN SOUND PARKWAY
STE 400
BOCA RATON, FL 33487

Current Mailing Address:

900 BROKEN SOUND PARKWAY
STE 400
BOCA RATON, FL 33487 US

FEI Number: 74-2967974

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name PARDINAS, GUILLERMO (WILLY)
Address 900 BROKEN SOUND PARKWAY
 STE 400
City-State-Zip: BOCA RATON FL 33487

Title ASSISTANT SECRETARY
Name ERIC, SILBERSTEIN
Address 1020 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

Title DIRECTOR
Name GOODMAN LEVY, JOHN ANDREW
Address 45 POPLAR ROAD
City-State-Zip: PARKVILLE VICTORIA 3052

Title MEMBER
Name CSL BEHRING L.L.C.
Address 1020 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

Title SECRETARY
Name BOSS, GREGORY ALLAN
Address 1020 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

Title TREASURER
Name SHANE, CHRISTOPHER
Address 1020 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

Title DIRECTOR
Name MCKENZIE, PAUL FRANCIS
Address 1020 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

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: ERIC , SILBERSTEIN

ASSISTANT SECRETARY 09/22/2020

Electronic Signature of Signing Officer/Director Detail

Date