

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005390

Entity Name: VAXSERVE, INC.**Current Principal Place of Business:**54 GLENMAURA NATIONAL BLVD
SUITE 301
MOOSIC, PA 18507**Current Mailing Address:**54 GLENMAURA NATIONAL BLVD
SUITE 301
MOOSIC, PA 18507 US**FEI Number:** 23-2970998**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	TREASURER AND DIRECTOR
Name	KIELAR, MICHAEL
Address	54 GLENMAURA NATIONAL BLVD SUITE 301
City-State-Zip:	MOOSIC PA 18507

Title	ASSISTANT TREASURER
Name	MONACELLI, MARY ELLEN
Address	54 GLENMAURA NATIONAL BLVD SUITE 301
City-State-Zip:	MOOSIC PA 18507

Title	SECRETARY
Name	GHIGNONE, THOMAS
Address	54 GLENMAURA NATIONAL BLVD SUITE 301
City-State-Zip:	MOOSIC PA 18507

Title	PRESIDENT, DIRECTOR
Name	THOMAS, ALBERT
Address	54 GLENMAURA NATIONAL BLVD SUITE 301
City-State-Zip:	MOOSIC PA 18507

Title	U.S. HEAD, TRANSPARENCY
Name	PIMLETT, NICHOLAS
Address	54 GLENMAURA NATIONAL BLVD SUITE 301
City-State-Zip:	MOOSIC PA 18507

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: GHIGNONE, THOMAS**SECRETARY****01/22/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date