2017 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:

DISCOVERY DRIVE

ATTN: TAX DEPARTMENT MAIL STOP 60D14

SWIFTWATER, PA 18370 US

FEI Number: 23-2970998 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

54 GLENMAURA NATIONAL BLVD

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:

Address

Electronic Signature of Registered Agent Date

Address

54 GLENMAURA NATIONAL BLVD

Officer/Director Detail:

Title TREASURER AND DIRECTOR Title ASSISTANT TREASURER

Name EPIFANO. FRANK A Name MONACELLI, MARY ELLEN

Name III ANO, I NAMEA MONACELL, MANT ELLEN

SUITE 301 SUITE 301

City-State-Zip: MOOSIC PA 18507 City-State-Zip: MOOSIC PA 18507

Title SECRETARY Title ASSISTANT SECRETARY

Name GHIGNONE, THOMAS Name HARRIS, WILLIAM

Address 54 GLENMAURA NATIONAL BLVD Address 54 GLENMAURA NATIONAL BLVD

SUITE 301 SUITE 301

City-State-Zip: MOOSIC PA 18507 City-State-Zip: MOOSIC PA 18507

Title PRESIDENT, DIRECTOR Title ASSISTANT TREASURER

Name THOMAS, ALBERT Name PAULINO, KENNETH

Address 54 GLENMAURA NATIONAL BLVD Address 54 GLENMAURA NATIONAL BLVD

SUITE 301 SUITE 301

City-State-Zip: MOOSIC PA 18507 City-State-Zip: MOOSIC PA 18507

Title ASSISTANT SECRETARY Title U.S. HEAD, TRANSPARENCY

Name DELUCA, LISA Name PIMLETT, NICHOLAS

Address 54 GLENMAURA NATIONAL BLVD Address 54 GLENMAURA NATIONAL BLVD

SUITE 301 SUITE 301

City-State-Zip: MOOSIC PA 18507 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: MARY ELLEN MONACELLI ASSISTANT TREASURER 04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 25, 2017

Secretary of State

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