## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004760

Entity Name: SAFC BIOSCIENCES, INC.

**Current Principal Place of Business:** 

11296 RENNER BLVD. LENEXA, KS 66219

**Current Mailing Address:** 

3050 SPRUCE ST ST LOUIS, MO 63103

FEI Number: 48-1154290 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 515 E. PARK AVENUE TALLAHASSEE, FL 32301 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

**FILED** Jan 30, 2013

**Secretary of State** 

CC6226214406

Officer/Director Detail:

Title PRESIDENT, DIRECTOR KELLEY, RODNEY Name Address 11296 RENNER BLVD.

City-State-Zip: LENEXA KS 66219

Title **SECRETARY** Name MILLER, GEORGE 3050 SPRUCE ST Address ST. LOUIS MO 63103 City-State-Zip:

CEO Title

Name COTTIER, GILLES 3050 SPRUCE ST. Address ST. LOUIS MO 63103

City-State-Zip:

Title

DIRECTOR

KANAN, MICHAEL Name 3050 SPRUCE ST Address

SAINT LOUIS MO 63103 City-State-Zip:

Title **TREASURER** 

BERTSCH, JAN Name 3050 SPRUCE ST. Address

City-State-Zip: ST. LOUIS MO 63103

Title ASST. SECRETARY

Name JEANNINE, KALKWARF

Address 3050 SPRUCE ST

ST LOUIS MO 63103 City-State-Zip:

Title DIRECTOR

Name COTTIER, GILLES Address 3050 SPRUCE ST.

City-State-Zip: ST. LOUIS MO 63103

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: JEANNINE KALKWARF

ASSISTANT SECRETARY

01/30/2013

Electronic Signature of Signing Officer/Director Detail

Date