
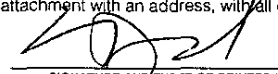


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90324 050 ***150.00

DOCUMENT # 838575					
1. Entity Name BAX GLOBAL INC.					
Principal Place of Business 440 EXCHANGE IRVINE, CA 92602 US			Mailing Address ATTN: TAX DEPT. PO BOX 18100 RICHMOND, VA 23226 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-0980822	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNES, J. L.		NAME	Carnes, J.L.	
STREET ADDRESS	440 EXCHANGE		STREET ADDRESS	440 Exchange	
CITY-ST-ZIP	IRVINE, CA 92606		CITY-ST-ZIP	Irvine, CA 92602	
TITLE	VC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNON, FRANK T.		NAME		
STREET ADDRESS	1801 BAYBERRY CT		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23226		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROFF, T.G.		NAME		
STREET ADDRESS	440 EXCHANGE		STREET ADDRESS		
CITY-ST-ZIP	IRVINE, CA 92602		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURTAUGH, T.G.		NAME		
STREET ADDRESS	1801 BAYBERRY CT		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23226		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTOUGH, J.B.		NAME		
STREET ADDRESS	1801 BAYBERRY CT		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23226		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Tangard, R.K.	
STREET ADDRESS			STREET ADDRESS	1801 Bayberry Ct.	
CITY-ST-ZIP			CITY-ST-ZIP	Richmond, VA 23226	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Richard K. Tangard 4-21-2004 (804) 289-9677		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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04212004 Chg-P CR2E034 (10/03)

\$8.75 Additional Fee Required