

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838575

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: BAX GLOBAL INC.

## Current Principal Place of Business:

440 EXCHANGE  
IRVINE, CA 92602 US

## New Principal Place of Business:

## Current Mailing Address:

ATTN: LEGAL DEPT  
440 EXCHANGE  
IRVINE, CA 92602 US

## New Mailing Address:

FEI Number: 41-0980822      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CARNES, J. L.  
Address: 440 EXCHANGE  
City-St-Zip: IRVINE, CA 92602

Title: D ( ) Delete  
Name: BENSEL, NORBERT  
Address: DEUTSCHE BAHN AG POTSDAMER PLATZ 2  
City-St-Zip: BERLIN 10785 GERMANY,

Title: S ( ) Delete  
Name: GROFF, T.G.  
Address: 440 EXCHANGE  
City-St-Zip: IRVINE, CA 92602

Title: D (X) Delete  
Name: WURST, STEFFEN  
Address: SCHENKER AG ALFREDSTRASSE 81  
City-St-Zip: ESSEN 45130 GERMANY,

Title: D (X) Delete  
Name: LIEB, THOMAS  
Address: SCHENKER AG ALGREDSTRASSE 81  
City-St-Zip: ESSEN 45130 GERMANY,

Title: VP ( ) Delete  
Name: MARCILLAC, RONALD  
Address: 440 EXCHANGE  
City-St-Zip: IRVINE, CA 92602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DENNIS, EITREIM S  
Address: 440 EXCHANGE  
City-St-Zip: IRVINE, CA 92602

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THERESE G GROFF

S

04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date