

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90212 027 \*\*\*150.00

**DOCUMENT # 838575**

1. Entity Name  
**BAX GLOBAL INC.**

Principal Place of Business <b>16808 ARMSTRONG AVE.          IRVINE CA 92606          US</b>	Mailing Address <b>ATTN: TAX DEPT.          P O BOX 4000          LEBANON VA 24266          US</b>
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**765778**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>Attn: Tax Dept.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>P.O. Box 18100</b>
City & State	City & State <b>Richmond VA</b>
Zip	Country <b>USA</b>

4. FEI Number <b>41-0980822</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME CAMPBELL, ROBERT C	
STREET ADDRESS 16808 ARMSTRONG AVE.	
CITY-ST-ZIP IRVINE CA 92606	
TITLE VC	<input type="checkbox"/> Delete
NAME LENNON, FRANK T.	
STREET ADDRESS 16808 ARMSTRONG AVE.	
CITY-ST-ZIP IRVINE CA 92606	
TITLE S	<input type="checkbox"/> Delete
NAME PERRY, F.V.	
STREET ADDRESS 16808 ARMSTRONG AVE.	
CITY-ST-ZIP IRVINE CA 92606	
TITLE AT	<input type="checkbox"/> Delete
NAME KETRON, ROGER D	
STREET ADDRESS 16808 ARMSTRONG AVE	
CITY-ST-ZIP IRVINE CA	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME J.L. Carnes	
STREET ADDRESS 16808 ARMSTRONG AVE	
CITY-ST-ZIP IRVINE CA 92606	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1801 BAYBERRY CT	
CITY-ST-ZIP RICHMOND VA 23226	
TITLE ASST TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CAROLYN HAWKINS	
STREET ADDRESS 1801 BAYBERRY CT	
CITY-ST-ZIP RICHMOND VA 23226	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: Carolyn Hawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/01 Daytime Phone #: (804) 289-9677

CR2E034 (10/00)