

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005371

Entity Name: DCI BIOLOGICALS, INC.

FILED  
Jun 16, 2010  
Secretary of State

**Current Principal Place of Business:**

220-05 97TH AVE.  
QUEEN VILLAGE, NY 11429

**New Principal Place of Business:**

**Current Mailing Address:**

220-05 97TH AVE.  
QUEEN VILLAGE, NY 11429

**New Mailing Address:**

FEI Number: 61-1431126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVER, MARTIN  
41 INDIAN CREEK DRIVE  
INDIAN CREEK VILLAGE, FL 33154 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

**OFFICERS AND DIRECTORS:**

Title: CHRM  
Name: CUSHING, PHILIP  
Address: 220-05 97TH AVE.  
City-St-Zip: QUEEN VILLAGE, NY 11429

Title: P  
Name: LONDON, IRA  
Address: 220-05 97TH AVE.  
City-St-Zip: QUEEN VILLAGE, NY 11429

Title: VCHR  
Name: COATES, PETER  
Address: 220-05 97TH AVE.  
City-St-Zip: QUEEN VILLAGE, NY 11429

Title: P  
Name: LONDON, IRA  
Address: 220-05 97TH AVE.  
City-St-Zip: QUEEN VILLAGE, NY 11429

Title: SV  
Name: SPINK, DAVID F  
Address: 220-05 97TH AVE.  
City-St-Zip: QUEEN VILLAGE, NY 11429

Title: CFO  
Name: CHERRY, HOWARD S  
Address: 220-05 97TH AVE.  
City-St-Zip: QUEEN VILLAGE, NY 11429

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: HOWARD S. CHERRY

CFO

06/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date