

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000005371

**Entity Name:** DCI BIOLOGICALS, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 61-1431126

**Certificate of Status Desired:** Yes

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

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

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

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

Title DIRECTOR  
Name SILVER, MARTIN  
Address 220-05 97TH AVE.  
City-State-Zip: QUEEN VILLAGE NY 11429

Title DIRECTOR  
Name BJORNSTRUP, KIM  
Address 220-05 97TH AVE.  
City-State-Zip: QUEEN VILLAGE NY 11429

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

Title DIRECTOR  
Name CLAUSEN, KARL ERIK  
Address 220-05 97TH AVE.  
City-State-Zip: QUEEN VILLAGE NY 11429

Title DIRECTOR  
Name CURTIN, DENNIS  
Address 220-05 97TH AVE.  
City-State-Zip: QUEEN VILLAGE NY 11429

Title DIRECTOR  
Name BOUDREAU, JIM  
Address 220-05 97 AVENUE  
City-State-Zip: QUEENS VILLAGE NY 11429

**Continues on page 2**

*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:** DAVID SPINK

COMPTROLLER

01/14/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CORRIGAN, JAY  
Address 220-05 97TH AVE.  
City-State-Zip: QUEEN VILLAGE NY 11429

Title DIRECTOR  
Name O'REILLY, DEVIN  
Address 220-05 97TH AVENUE  
City-State-Zip: QUEENS VILLAGE NY 11429

Title DIRECTOR  
Name MARSHALL, ROBIN  
Address 220-05 97 AVENUE  
City-State-Zip: QUEENS VILLAGE NY 11429

Title DIRECTOR  
Name KUNSTLER, BEN  
Address 220-05 97TH AVE.  
City-State-Zip: QUEEN VILLAGE NY 11429