

1.) CORPORATION NAME: FISHER BIOSERVICES INC.	DUE DATE: 12/31/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CAPITOL CORPORATE SERVICES INC 10 S JEFFERSON ST STE 1400 ROANOKE, VA 24011	SCC ID NO: 02799278				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE CITY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14665 ROTHGEB DRIVE

CITY/ST/ZIP: ROCKVILLE, MD 20850

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JAMES E BRUNI TITLE: ASST SECRETARY ADDRESS: 300 INDUSTRY DRIVE CITY/ST/ZIP/CO: PITTSBURGH, PA 15275	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: CHERYL ROBINSON TITLE: TREASURER ADDRESS: 14665 ROTHGEB DRIVE CITY/ST/ZIP/CO: ROCKVILLE, MD 20850	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: MATTHEW TAP TITLE: PRESIDENT ADDRESS: 81 WYMAN STREET CITY/ST/ZIP/CO: WALTHAM, MA 02454	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JAMES E BRUNI	JAMES E BRUNI, ASST SECRETARY	10/18/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.