

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212515560

1.) CORPORATION NAME:

BioSan Laboratories, Inc.

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1498445**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000
PREFER	2

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8 BOWERS ROAD

CITY/ST/ZIP: DERRY, NH 03038

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Robert U. Craven		
TITLE:	PRESIDENT		
ADDRESS:	P.O. Box 325		
CITY/ST/ZIP/CO:	Derry, NH 03038		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	John J. Nestor		
TITLE:	VICE PRESIDENT		
ADDRESS:	50 Public Square		
CITY/ST/ZIP/CO:	29th Floor Cleveland, OH 44113		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	John J. Nestor		
TITLE:	SECRETARY		
ADDRESS:	50 Public Square		
CITY/ST/ZIP/CO:	29th Floor Cleveland, OH 44113		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	David Pecore		
TITLE:	VICE PRESIDENT		
ADDRESS:	653 Ridgefield Ave		
CITY/ST/ZIP/CO:	Pittsburgh, PA 15216		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	David Pecore		
TITLE:	TREASURER		
ADDRESS:	653 Ridgefield Ave		
CITY/ST/ZIP/CO:	Pittsburgh, PA 15216		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Robert Burke		
TITLE:	DIRECTOR		
ADDRESS:	8 Cobblestone Lane		
CITY/ST/ZIP/CO:	Andover, MA 01810		

NAME: David Tiley TITLE: DIRECTOR ADDRESS: 7596 N. Vinemont Ct. CITY/ST/ZIP/CO: Hudson, OH 44236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Andrew Whitman TITLE: DIRECTOR ADDRESS: 205 W. Randolph St Suite 1830 CITY/ST/ZIP/CO: Chicago, IL 60606	<input 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.

<u>/s/ Robert U. Craven</u>	<u>Robert U. Craven, PRESIDENT</u>	<u>4/27/2012</u>
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.