



State of California Secretary of State

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Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

F217644**FILED**

In the office of the Secretary of State
of the State of California

OCT-29 2014

This Space for Filing Use Only

1. CORPORATE NAME

ISOFLEX USA

2. CALIFORNIA CORPORATE NUMBER

C2794245

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

☒ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

10/29/2014

TECK HING TEO

VICE PRESIDENT

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE



State of California Secretary of State

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Oct - 08 2013**IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM****1. CORPORATE NAME**

ISOFLEX USA

P O BOX 29475

SAN FRANCISCO CA 94129

2. CALIFORNIA CORPORATE NUMBER C2794245

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Type of Business**16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION**

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10/08/2013

DATE

TECK HING TEO

TYPE/PRINT NAME OF PERSON COMPLETING FORM

VICE PRESIDENT

TITLE

SIGNATURE

DEBRA BOWEN, Secretary of State

Debra Bowen

Date: _____

OCT 18 2013

I hereby certify that the foregoing
transcript of _____
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.



12-155291



State of California Secretary of State

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Statement of Information

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Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

	CITY	STATE	ZIP CODE
4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 3535 Scott Street	San Francisco	CA	94123
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY 3535 Scott Street	San Francisco	CA	94123
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4 P.O. Box 29475	San Francisco	CA	94129

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

	ADDRESS	CITY	STATE	ZIP CODE
7. CHIEF EXECUTIVE OFFICER/ Lori M. Matthews	P.O. Box 29475	San Francisco	CA	94129
8. SECRETARY Lori M. Matthews	P.O. Box 29475	San Francisco	CA	94129
9. CHIEF FINANCIAL OFFICER/ Teck Hing Teo	P.O. Box 29475	San Francisco	CA	94129

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

	ADDRESS	CITY	STATE	ZIP CODE
10. NAME Lori M. Matthews	P.O. Box 29475	San Francisco	CA	94129
11. NAME Teck Hing Teo	P.O. Box 29475	San Francisco	CA	94129
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

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Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
Isotope Sales

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12/20/12

Teck Hing Teo

Vice President

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE

Teck Hing Teo

DEBRA BOWEN, Secretary of State

Debra Bowen

Date:

MAY 07 2013

JB

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Teck Hing Teo

Vice President

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE

Debra Bowen

Date:

MAY 07 2013

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