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2009 AUG 10 AM 10: 07

Talecris BIOTHERAPEUTICS

P.O. Box 110526
4101 Research Commons
79 T.W. Alexander Drive
Research Triangle Park
North Carolina 27709

James A. Vollins
Senior Corporate Counsel
Tel 919.316.6148
Fax 919.316.6677
jim.vollins@talecris.com

August 7, 2009

VIA FEDERAL EXPRESS

Federal Elections Commission
999 E. Street, NW
Washington, DC 20463

RE: Statement of Organization Amendment

Enclosed is the Amended Statement of Organization for Talecris Biotherapeutics, Inc. Political Action Committee, "TalPAC". The initial statement sent to you did not include our banking information.

Sincerely,

James A. Vollins
Senior Corporate Counsel

Enclosed

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FEC MAIL CENTER

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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

TALECRIS BIOTHERAPEUTICS, INC., POLITICAL ACTION COMMITTEE "TALPAC"

ADDRESS (number and street) 4101 RESEARCH COMMONS

(Check if address is changed) 79 TW ALEXANDER DRIVE

RESEARCH TRAINGLE PARK | NC | 27709

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 08 06 2009

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN HANSON

Signature of Treasurer Date 08 06 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation | Office Sought: House Senate President | State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) *This committee is a* (National, State *or subordinate) committee of the* (Democratic, *Republican, etc.) Party.*

Political Action Committee (PAC):

(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

X *Corporation* *Corporation w/o Capital Stock* *Labor Organization*

Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

(f) *This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)*

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

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Write or Type Committee Name

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

TALECRIS BIOTHERAPEUTICS, INC.

Mailing Address 4101 RESEARCH COMMONS
79 TW ALEXANDER DRIVE
RESEARCH TRIANGLE PARK NC 27709 -
CITY STATE ZIP CODE

Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name BRIAN SCHEUER

Mailing Address 4101 RESEARCH COMMONS
79 TW ALEXANDER DRIVE
RESEARCH TRIANGLE PARK NC 27709 -
CITY STATE ZIP CODE

Title or Position ASSISTANT TREASURER Telephone number 919 - 316 - 6687

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer JOHN HANSON

Mailing Address 4101 RESEARCH COMMONS
79 TW ALEXANDER DRIVE
RESEARCH TRIANGLE PARK NC 27709 -
CITY STATE ZIP CODE

Title or Position TREASURER Telephone number 919 - 316 - 6516

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Full Name of Designated Agent: BRIAN SCHEUER

Mailing Address: 4101 RESEARCH COMMONS
79 TW ALEXANDER DRIVE
REASEARCH TRIANGLE PARK | NC | 27709 -
CITY | STATE | ZIP CODE

Title or Position: ASSISTANT TREASURER

Telephone number: 919 - 316 - 6687

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.: WACHOVIA NATIONAL BANK, NA

Mailing Address: RESEARCH TRIANGLE PARK FINANCIAL CENTER
FOUR PARK DRIVE
RESEARCH TRIANGLE PARK | NC | 27709 -
CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.:

Mailing Address:
CITY | STATE | ZIP CODE

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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☐ Other (Specify):	Date of Receipt or Postmarked
[signature] PREPARER	8/10/07 DATE PREPARED

(3/2005)

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