

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002011

**Entity Name:** FIBROCELL TECHNOLOGIES, INC.**Current Principal Place of Business:**405 EAGLEVIEW BOULEVARD  
EXTON, PA 19341**Current Mailing Address:**405 EAGLEVIEW BOULEVARD  
EXTON, PA 19341**FEI Number:** 22-3436974**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CEO  
Name PERNOCK, DAVID  
Address 405 EAGLEVIEW BOULEVARD  
City-State-Zip: EXTON PA 19341

Title DIRECTOR  
Name KIRK, JULIAN  
Address 405 EAGLEVIEW BOULEVARD  
City-State-Zip: EXTON PA 19341

Title DIRECTOR  
Name MAZUR, MARC B  
Address 405 EAGLEVIEW BOULEVARD  
City-State-Zip: EXTON PA 19341

Title DIRECTOR  
Name ST.CLARE, CHRISTINE  
Address 405 EAGLEVIEW BOULEVARD  
City-State-Zip: EXTON PA 19341

Title CFO  
Name DALY, DECLAN  
Address 405 EAGLEVIEW BOULEVARD  
City-State-Zip: EXTON PA 19341

Title DIRECTOR  
Name SMITH, MARCUS  
Address 405 EAGLEVIEW BOULEVARD  
City-State-Zip: EXTON PA 19341

Title DIRECTOR  
Name MOORE, KELVIN D  
Address 405 EAGLEVIEW BOULEVARD  
City-State-Zip: EXTON PA 19341

Title DIRECTOR  
Name SWIRSKY, DOUGLAS  
Address 405 EAGLEVIEW BLVD.  
City-State-Zip: EXTON PA 19341

*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:** DECLAN DALY

05/01/2013

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