SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 25, 1999 8:00 am
Secretary of State
08-25-1999 90005 019 ****61.25

DOCUMENT # **844085**

1. Corporation Name
TISSUE BANKS INTERNATIONAL, INCORPORATED

Principal Place of Business	Mailing Address
815 PARK AVE. BALTIMORE MD 21201	815 PARK AVE. BALTIMORE MD 21201

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/10/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 52-1290067 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	President/Secretary	☐ Change ☒ Addition
NAME	MIDDLETON, MICHAEL		1.2 NAME	Richard L. Fuller	
STREET ADDRESS	100 SOUTH CHARLES ST.		1.3 STREET ADDRESS	815 Park Avenue	
CITY-ST-ZIP	BALTIMORE MD		1.4 CITY-ST-ZIP	Baltimore, MD 21201	
TITLE	DC	☐ DELETE	2.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	SAWYER, BRUCE		2.2 NAME	James H. Leimkuhler	
STREET ADDRESS	1405 PARKER ROAD		2.3 STREET ADDRESS	815 Park Avenue	
CITY-ST-ZIP	BALTIMORE MD		2.4 CITY-ST-ZIP	Baltimore, MD 21201	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARTNETT, RICHARD		3.2 NAME		
STREET ADDRESS	71650 NEW HOPE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FOUNTAIN VALLEY CA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEALL, GEORGE		4.2 NAME		
STREET ADDRESS	111 SOUTH CALVERT STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MA		4.4 CITY-ST-ZIP		
TITLE	DVC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CASHMAN, EDMUND J		5.2 NAME		
STREET ADDRESS	111 S. CALVERT ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		5.4 CITY-ST-ZIP		
TITLE	DVC	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KAREN O SULLIVAN		6.2 NAME		
STREET ADDRESS	P O BOX 3334 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAVALE MD 21502		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/04/99 410 752 3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)