

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

DOCUMENT # 844085

1. Corporation Name

TISSUE BANKS INTERNATIONAL, INCORPORATED

Principal Place of Business

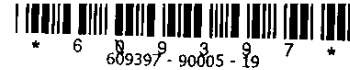
815 PARK AVE.
BALTIMORE MD 21201

Mailing Address

815 PARK AVE.
BALTIMORE MD 21201

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90005 019 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/10/1979

4. FEI Number

52-1290067

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MIDDLETON, MICHAEL
STREET ADDRESS 100 SOUTH CHARLES ST.
CITY-ST-ZIP BALTIMORE MD

TITLE DC ☐ DELETE

NAME SAWYER, BRUCE
STREET ADDRESS 1405 PARKER ROAD
CITY-ST-ZIP BALTIMORE MD

TITLE D ☐ DELETE

NAME HARTNETT, RICHARD
STREET ADDRESS 71650 NEW HOPE ST.
CITY-ST-ZIP FOUNTAIN VALLEY CA

TITLE D ☐ DELETE

NAME BEALL, GEORGE
STREET ADDRESS 111 SOUTH CALVERT STREET
CITY-ST-ZIP BALTIMORE MA

TITLE DVC ☐ DELETE

NAME CASHMAN, EDMUND J
STREET ADDRESS 111 S. CALVERT ST.
CITY-ST-ZIP BALTIMORE MD

TITLE DVC ☐ DELETE

NAME KAREN O SULLIVAN
STREET ADDRESS P O BOX 3334 N/A
CITY-ST-ZIP LAVALE MD 21502

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Secretary ☐ Change ☒ Addition

1.2 NAME Richard L. Fuller

1.3 STREET ADDRESS 815 Park Avenue

1.4 CITY-ST-ZIP Baltimore, MD 21201

2.1 TITLE Treasurer ☐ Change ☒ Addition

2.2 NAME James H. Leimkuhler

2.3 STREET ADDRESS 815 Park Avenue

2.4 CITY-ST-ZIP Baltimore, MD 21201

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/04/99

410 7523800

CR2E037 (5/99)