NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT# 944085

1. Entity Name

Tissue Banks International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
815 Park Ave	815 Park Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Baltimore, MD	City & State: Baltimore, MD
Zip: 21201 Country: USA	Zip: 21201 Country: USA

DO NOT WRITE IN THIS SPACE

02 JAN 29 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. FEI Number: 52-1290067 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.

City: Plantation FL Zip Code: 33324

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: President	TITLE:
NAME: Gerald Cole	NAME:
STREET ADDRESS: 815 Park Ave.	STREET ADDRESS:
CITY-ST-ZIP: Baltimore, MD 21201	CITY-ST-ZIP:
TITLE: Treasurer	TITLE:
NAME: James LeimKuhler	NAME:
STREET ADDRESS: 815 Park Avenue	STREET ADDRESS:
CITY-ST-ZIP: Baltimore, MD 21201	CITY-ST-ZIP:
TITLE: Director	TITLE:
NAME: Kennedy Boone, Jr.	NAME:
STREET ADDRESS: Two Hopkins Plaza, 2nd Fl.	STREET ADDRESS:
CITY-ST-ZIP: Baltimore, MD 21201	CITY-ST-ZIP:
TITLE: Director	TITLE:
NAME: Art Bink	NAME:
STREET ADDRESS: 614 North Plymouth St.	STREET ADDRESS:
CITY-ST-ZIP: Culver, IN 46511	CITY-ST-ZIP:
TITLE: Director	TITLE:
NAME: John Cullen	NAME:
STREET ADDRESS: 6437 Cloistergate Drive	STREET ADDRESS:
CITY-ST-ZIP: Baltimore, MD 21201	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: James H LeimKuhler 1/23/02