

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90069 049 ****70.00

DOCUMENT # 844085

1. Entity Name
TISSUE BANKS INTERNATIONAL, INCORPORATED



Principal Place of Business
815 PARK AVE.
BALTIMORE, MD 21201

Mailing Address
815 PARK AVE.
BALTIMORE, MD 21201

50001126



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
52-1290067

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME COLE, GERALD
STREET ADDRESS 815 PARK AVE
CITY-ST-ZIP BALTIMORE, MD 21201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BOURNE, KENNETH JR
STREET ADDRESS TWO HOPKINS PLAZA, 2ND FLOOR
CITY-ST-ZIP BALTIMORE, MD 21201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LEIMKUHLER, JAMES
STREET ADDRESS 815 PARK AVENUE
CITY-ST-ZIP BALTIMORE, MD 21201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ASKEW, TIMOTHY
STREET ADDRESS 3225 ELLERSLIE AVE, 3RD FLOOR, #A305
CITY-ST-ZIP BALTIMORE, MD 21218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME FROST, NORMAN JR
STREET ADDRESS 4305 RUGBY ROAD
CITY-ST-ZIP BALTIMORE, MD 21210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FULLER, RICHARD
STREET ADDRESS 253 SUNRISE CAY # 102
CITY-ST-ZIP NAPLES, FL 34114

TITLE ☐ Change ☒ Addition
NAME D Campbell, Richard
STREET ADDRESS 440 Hut Hill Road
CITY-ST-ZIP Bridgewater, CT 06752

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 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

3/17/08

(410) 752-3800

Date

Daytime Phone #