

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002633

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC.

**Current Principal Place of Business:**

125 MAY STREET, SUITE 300  
EDISON, NJ 088373264

**New Principal Place of Business:**

125 MAY STREET, SUITE 300  
EDISON, NJ 08837

**Current Mailing Address:**

125 MAY STREET, SUITE 300  
EDISON, NJ 088373264

**New Mailing Address:**

125 MAY STREET, SUITE 300  
EDISON, NJ 08837

**FEI Number:** 22-2803458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEOP  
Name: STROEVER, BRUCE W  
Address: 125 MAY STREET, SUITE 300  
City-St-Zip: EDISON, NJ 08837

Title: CFOV  
Name: KAWAS, MICHAEL J  
Address: 125 MAY STREET, SUITE 300  
City-St-Zip: EDISON, NJ 08837

Title: DIR  
Name: TOMFORD, WILLIAM M.D.  
Address: 125 MAY STREET, SUITE 300  
City-St-Zip: EDISON, NJ 08837

Title: DIR  
Name: BUCKWALTER, JOSEPH M.D.  
Address: 125 MAY STREET, SUITE 300  
City-St-Zip: EDISON, NJ 08837

Title: DIR  
Name: FINERMAN, GERALD M.D.  
Address: 125 MAY STREET, SUITE 300  
City-St-Zip: EDISON, NJ 08837

Title: DIR  
Name: GROSS, ALLAN M.D.  
Address: 125 MAY STREET, SUITE 300  
City-St-Zip: EDISON, NJ 08837

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J. KAWAS

CFO

04/27/2012

Electronic Signature of Signing Officer or Director

Date