2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2010
Secretary of State

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Entity Name: SYSTAGENIX WOUND MANAGEMENT (US), INC.

Current Principal Place of Business:

C/O ONE EQUITY PARTNERS, LLC
320 PARK AVENUE, FLOOR 18
NEW YORK, NY 10022 US

New Principal Place of Business:

400 CROWN COLONY DRIVE
SUITE 302
QUINCY, MA 02169 US

Current Mailing Address:

C/O ONE EQUITY PARTNERS, LLC
320 PARK AVENUE, FLOOR 18
NEW YORK, NY 10022 US

New Mailing Address:

400 CROWN COLONY DRIVE
SUITE 302
QUINCY, MA 02169 US

FEI Number: 00-0988184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: ATKINSON, STEPHEN W
Address: 400 CROWN COLONY DRIVE SUITE 302
City-St-Zip: QUINCY, MA 02169 US

Title: SES
Name: CHIU, IRENE
Address: 400 CROWN COLONY DRIVE SUITE 302
City-St-Zip: QUINCY, MA 02169 US

Title: TD
Name: MILNER, DAVID J
Address: 400 CROWN COLONY DRIVE SUITE 302
City-St-Zip: QUINCY, MA 02169 US

Title: VPAT
Name: SCHORER, SCOTT
Address: 400 CROWN COLONY DRIVE SUITE 302
City-St-Zip: QUINCY, MA 02169 US

Title: VP
Name: TREVOR, HELEN
Address: 400 CROWN COLONY DRIVE SUITE 302
City-St-Zip: QUINCY, MA 02169 US

Title: AT
Name: SCHNEIDER, PAUL
Address: 400 CROWN COLONY DRIVE SUITE 302
City-St-Zip: QUINCY, MA 02169

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

SIGNATURE: MICHELLE DONATO POA 04/14/2010

Electronic Signature of Signing Officer or Director Date