2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2012
Secretary of State

DOCUMENT# F08000004486

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

Current Principal Place of Business:

400 CROWN COLONY DRIVE
SUITE 302
QUINCY, MA 02169 US

New Principal Place of Business:

Current Mailing Address:

400 CROWN COLONY DRIVE
SUITE 302
QUINCY, MA 02169 US

New Mailing Address:

FEI Number: 26-3336791 **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

OFFICERS AND DIRECTORS:

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

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

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: RUSSELL KOPP POA 04/03/2012

Electronic Signature of Signing Officer or Director Date