

F11000004923Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002803163)))



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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368Please retain original filing
date of submission 11/29

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Osteotech, Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 057 |
| Estimated Charge | \$70.00 |

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2011 NOV 29 AM 10:31



December 8, 2011

FLORIDA DEPARTMENT OF STATE

CT CORPORATION SYSTEM ****2ND ML****
Division of Corporations

SUBJECT: OSTEOTECH, INC.
REF: W11000060125

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person that is listed on line 13 & 14 also has to list their name and address on line 12 of the application.

If you have any further questions concerning your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000280316
Letter Number: 411A00026861

RE-SUBMIT

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date of submission 11/29

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Osteotech, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Army Sakayan

Name of Person

Medtronic, Inc.

Firm/Company

710 Medtronic Parkway

Address

Minneapolis, MN 55432-5604

City/State and Zip code

toni.greer@medtronic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Ontosech, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 13-3357370
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/4/1986 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2/1/2011
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 710 Medtronic Parkway
(Principal office address)

Minneapolis, MN 55432-5604
(Current mailing address)

8. Sales and Distribution of Medical Devices
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

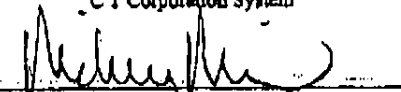
Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

By:


(Registered Agent's signature)

Michele Miller
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Gary L. Ellis

Address: 710 Medtronic Parkway

Minneapolis, MN 55432-5604

Director: Douglas A. Hookstra

Address: 710 Medtronic Parkway

Minneapolis, MN 55432-5604

B. OFFICERS

President: Douglas J. King

Address: Medtronic Sofamor Danek Headquarters

1800 Pyramid Place, Memphis, TN 38132

Vice President: Robert J. Fredericks

Address: Medtronic Sofamor Danek Headquarters

1800 Pyramid Place, Memphis, TN 38132

Secretary: D. Cameron Findley

Address: 710 Medtronic Parkway, Minneapolis, MN 55432-5604

Treasurer: Linda Harty

Address: 710 Medtronic Parkway, Minneapolis, MN 55432-5604

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Philip J. Albert, Vice President

(Typed or printed name and capacity of person signing application)

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B. OFFICERS (CONTINUED)

Vice President: Philip J. Albert

Address: 710 Medtronic Parkway, Minneapolis, MN 55432-5604

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OSTEOTECH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2082491 8300

111232935

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9182594

DATE: 11-28-11