

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003709 (0)

1. Corporation Name

U.S. BIOMATERIALS CORPORATION

Principal Place of Business

4940 CAMPBELL BOULEVARD  
SUITE 100  
BALTIMORE MD 21236

Mailing Address

4940 CAMPBELL BOULEVARD  
SUITE 100  
BALTIMORE MD 21236-5916



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/23/1996	
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Country		04-3128527	Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
30		31			

8. Name and Address of Current Registered Agent

GREENSPAN, DAVID C  
ONE PROGRESS BLVD BOX 23  
ALACHUA FL 32815

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	CEO, D
NAME	MEYERS, JAMES L	1.2 NAME	Mento A. Saponis
STREET ADDRESS	1511 AMESBURY COURT	1.3 STREET ADDRESS	7800 Crossland Rd
CITY-ST-ZIP	BEL AIR MD 21014	1.4 CITY-ST-ZIP	Baltimore, MD 21208
TITLE	V	2.1 TITLE	D
NAME	GREENSPAN, DAVID C	2.2 NAME	Rechar Orr
STREET ADDRESS	3116 NW 62ND TERRACE	2.3 STREET ADDRESS	4 Summit Dr. #204
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	Reading, MA 08107
TITLE	S	3.1 TITLE	D
NAME	SEABOLT, LEE M	3.2 NAME	Thomas P. Stagnaro
STREET ADDRESS	1822 NOTRE DAME AVENUE	3.3 STREET ADDRESS	213 Ravenscliff Rd
CITY-ST-ZIP	LUTHERVILLE MD 21093	3.4 CITY-ST-ZIP	St. Davids, PA 19087
TITLE	T D	4.1 TITLE	D
NAME	FLANIGAN JR, W P	4.2 NAME	Bannus B. Hudson
STREET ADDRESS	8336 CARRBRIDGE CIRCLE	4.3 STREET ADDRESS	136 Fort View Place
CITY-ST-ZIP	TOWSON MD 21204	4.4 CITY-ST-ZIP	Cincinnati, OH 45202
TITLE	CD	5.1 TITLE	
NAME	SMITH, W K	5.2 NAME	
STREET ADDRESS	2405 CLARET DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FALLSTOWN MD 21047	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SHUSTER, LEWIS J	6.2 NAME	
STREET ADDRESS	18 EAST KINCAID	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRANBURY NJ 08512	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97

410-931-3800

CR2E034 (9/96)