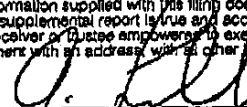


FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90068 040 ***550.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000043870			
1. Entity Name TUTOGEN MEDICAL (UNITED STATES), INC.			
Principal Place of Business 13709 PROGRESS BLVD. BOX 19, S. WING ALACHUA, FL 32615 US		Mailing Address 1130 MCBRIDE AVE. W. PATERSON, NJ 07424 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
08112004 Chg-P CF2E034 (10/03)		4. FEI Number 69-3256935	
		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIEL, JOHN R TUTOGEN MEDICAL (US) INC. 1 PROGRESS BLVD BOX 19 S WING ALACHUA, FL 32615		7. Name and Address of New Registered Agent Name George Lombardi Street Address (P.O. Box Number is Not Acceptable) Tutogen Medical (US) INC. 13709 Progress Blvd, Box 19, S. Wing City Alachua FL Zip Code 32615	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when releasing)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.199(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARONE, ROBERT C 54 VILLAGE DR., APT. 54 WW RIVERSIDE, RI 02915 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert C. Farone ☒ Change ☐ Addition 54 VILLAGE DR, Apt WW RIVERSIDE, RI 02915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCF LOMBARDI, GEORGE 925 ALLWOOD RD. CLIFTON, NJ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	George Lombardi ☒ Change ☐ Addition 1130 MCBRIDE AVE, 3RD FLO. W. PATERSON, NJ 07424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PAWKEW, THOMAS 5646 MILLAM ST. DALLAS, TX 75202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS W. PAWKEW ☒ Change ☐ Addition 5646 MILTON ST, Ste. 628 DALLAS TX 75206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KRUEGER, MANFORD K TUTOGEN MEDICAL AMBH, INC. INDUSTRIESSE 8, GERMANY, 091077 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANFRED KRUEGER ☒ Change ☐ Addition Tutogen Medical GmbH Industriestrasse 8, 091077 Neualsirchen am Brand, Germany
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes; I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with an officer or director empowered.			
SIGNATURE: 		Date: 8/10/04 (978) 785-0004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	