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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.

54068111

Principal Place of Business	Mailing Address
13709 PROGRESS BLVD. BOX 19, S. WING ALACHUA, FL 32615 US	1130 MCBRIDE AVE. W. PATERSON, NJ 07424 US

08112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3255935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANIEL, JOHN R TUTOGEN MEDICAL (US) INC. 1 PROGRESS BLVD BOX 19 S WING ALACHUA, FL 32615	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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. 607.193(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	P FAVONE, ROBERT C 54 VILLAGE DR., APT. 54 WW RIVERSIDE, RI 02915	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert C. Farone 54 Village DR, Apt WW Riverside, RI 02915 ☒ Change ☐ Addition
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 1130 McBride Ave, 3rd Flr. W. Paterson, NJ 07424 ☒ Change ☐ Addition
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. Pauken 5646 Milton St, Ste. 628 Dallas TX 75206 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO KRUEGER, MANFORD K TUROGEN MEDICAL AMBH, INC. INDUSTRIESSE 6, GERMANY, 091077	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manfred Krueger Tutogen Medical GmbH Industriestrasse 6, 091077 Neunkirchen am Brand Germany ☒ Change ☐ Addition
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)(i), 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 all other like empowered.

SIGNATURE: _____ 8/4/04 (973) 785-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #