

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043870

FILED
Sep 08, 2005
Secretary of State

Entity Name: TUTOGEN MEDICAL (UNITED STATES), INC.

Current Principal Place of Business:

1 PROGRESS BLVD.
BOX 19, S. WING
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

1130 MCBRIDE AVE.
W. PATERSON, NJ 07424 US

New Mailing Address:

FEI Number: 59-3255935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMBARDI, GEORGE
TUTAGEN MEDICAL (US) INC
13709 PROGRESS BLVD BOX 19 S WING
ALACHUA, FL 32615 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: FAVONE, ROBERT C
Address: 54 VILLAGE DR., APT. 54 WW
City-St-Zip: RIVERSIDE, RI 02915

Title: STCF () Delete
Name: LOMBARDI, GEORGE
Address: 1130 MCBRIDE AVE 3RD FL
City-St-Zip: W PATERSON, NJ 07424

Title: DC (X) Delete
Name: PAUKEN, THOMAS W
Address: 5646 MILTON ST STE 628
City-St-Zip: DALLAS, TX 75206

Title: CEO () Delete
Name: KRUEGER, MANFRED K
Address: TUTOGEN MED GMBH INDUSTRIESTRA 556
City-St-Zip: NEUNKIRCHEN AM BRAND GERMANY, GR 091077

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DO (X) Change () Addition
Name: KRUEGER, MANFRED K
Address: TUTOGEN MED GMBH INDUSTRIESTRA 556
City-St-Zip: NEUNKIRCHEN AM BRAND GERMANY, GR 091077

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE LOMBARDI

STCF

09/08/2005

Electronic Signature of Signing Officer or Director

_____ Date