2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043870

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

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1 PROGRESS BLVD. 13709 PROGRESS BLVD BOX 19, S. WING **BOX 19**

ALACHUA, FL 32615 US ALACHUA, FL 32615

Current Mailing Address: New Mailing Address:

13709 PROGRESS BLVD 1130 MCBRIDE AVE.

W. PATERSON, NJ 07424 US **BOX 19**

ALACHUA, FL 32615 US

FEI Number: 59-3255935 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOMBARDI, GEORGE JOHNSTON, L. ROBERT TUTAGEN MEDICAL (US) INC 13709 PROGRESS BLVD 13709 PROGRESS BLVD BOX 19 S WING **BOX 19** ALACHUA, FL 32615 US ALACHUA, FL 32615 US

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: L. ROBERT JOHNSTON 04/28/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STCF () Delete Title: (X) Change () Addition JOHNSTON, L. ROBERT Name: LOMBARDI, GEORGE Name:

1130 MCBRIDE AVE 3RD FL 13709 PROGRESS BLVD, BOX 19 Address: Address: City-St-Zip: W PATERSON, NJ 07424 City-St-Zip: ALACHUA, FL 32615 US

Title: DO Title: () Delete (X) Change () Addition Name: KRUEGER, MANFRED K Name: MAYER, GUY

13709 PROGRESS BLVD, BOX 19

TUTOGEN MED GMBH INDUSTRIESTRA 556 Address: Address: City-St-Zip: NEUNKIRCHEN AM BRAND GERMANY, GR 091077 ALACHUA, FL 32615 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: L. ROBERT JOHNSTON **CFO** 04/28/2006