

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90290 032 ***150.00

0615322 AT

DOCUMENT # P94000043870

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



Principal Place of Business
**925 ALLWOOD RD
CLIFTON, NJ 07012
US**

Mailing Address
**925 ALLWOOD RD
CLIFTON NJ 07012
US**



2. Principal Place of Business
1 PROGRESS BLVD.

3. Mailing Address
1130 McBride Ave.

Suite, Apt. #, etc.
Box 19, S. Wing.

Suite Apt. #, etc.
W. Paterson NJ

City & State
Alachua FL

City & State
W. Paterson NJ

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3255935**

Applied For
Not Applicable

Zip Country
32615 US

Zip Country
07424 US

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 **DURLACHER, SCOTT.**
Street Address (P.O. Box Number is Not Acceptable)
TUTOGEN MEDICAL (US) INC.
1 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 Scott M. Durlacher DATE April 29, 2003
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D FAVONE, ROBERT C**
STREET ADDRESS **54 VILLAGE DR., APT. 54 WW**
CITY-ST-ZIP **RIVERSIDE RI 02915**

TITLE ☒ Change ☐ Addition
NAME **FARONE, ROBERT**
STREET ADDRESS **54 Village Dr. APT. 54 WW.**
CITY-ST-ZIP **Riverside RI 02915**

TITLE ☐ Delete
NAME **STCF LOMBARDI, GEORGE**
STREET ADDRESS **925 ALLWOOD RD.**
CITY-ST-ZIP **CLIFTON NJ**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DC PAWKEW, THOMAS**
STREET ADDRESS **5646 MILLAM ST.**
CITY-ST-ZIP **DALLAS-TX-75202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CEO KRUEGER, MANFORD K**
STREET ADDRESS **TUTOGEN MEDICAL AMBH, INC.**
CITY-ST-ZIP **INDUSTRIESSE 6, GERMANY 09-1077**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)