SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S98512** **(4)**

1. Corporation Name
TUTOGEN MEDICAL, INC.

Principal Place of Business	Mailing Address
1719 ROUTE 10 STE 314 PARSIPPANY NJ 07054-507 US	1719 ROUTE 10 STE 314 PARSIPPANY NJ 07054-507 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1991

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

4. FEI Number: 59-3100165 | Applied For | Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OSTER, GERRY
BIODYNAMICS INERNATIONAL INC
ONE PROGRESS BLVD, BOX 19 SOUTH WING
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STM	☒ DELETE	1.1 TITLE	S/T/CFO.	☐ Change ☒ Addition
NAME	FINNERTY, PETER J		1.2 NAME	Lombardi, George.	
STREET ADDRESS	1719 ROUTE 10, STE 314		1.3 STREET ADDRESS	1719 Route 10, Ste 314	
CITY-ST-ZIP	PARSIPPANY NJ		1.4 CITY-ST-ZIP	Parsippany NJ	
TITLE	DC	☐ DELETE	2.1 TITLE	D.	☐ Change ☒ Addition
NAME	DRAGONE, CHARLES		2.2 NAME	Dr. J. Harold Hekkerman.	
STREET ADDRESS	2209 RIDGEVIEW WAY		2.3 STREET ADDRESS	Vanderbilt Transplant CTR.	
CITY-ST-ZIP	BOISE ID		2.4 CITY-ST-ZIP	Division of NEPHROLOGY,	
TITLE	D	☐ DELETE	3.1 TITLE	S-3223 Medical Center North.	☐ Change ☐ Addition
NAME	ROELKE, ELROY		3.2 NAME		
STREET ADDRESS	8080 N CENTRAL EXPRESSWAY #210-LB 59		3.3 STREET ADDRESS	Nashville TN. 32732-2372.	
CITY-ST-ZIP	DALLAS TX		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MEISTER, KARL H.		4.2 NAME		
STREET ADDRESS	FAWN HILL DRIVE BOX 601		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW VERNON NJ		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	MR. G. RUSSELL CLEVELAND	☐ Change ☒ Addition
NAME	BARRY, JAMES		5.2 NAME	RENAISSANCE CAPITAL GROUP INC.	
STREET ADDRESS	10900 WILSHIRE BLVD #1050		5.3 STREET ADDRESS	8080 N. CENTRAL EXPRESS. STE 210. LB59	
CITY-ST-ZIP	LOS ANGELES CA		5.4 CITY-ST-ZIP	DALLAS TX 75206-1857.	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ C. Lombardi 7/15/98