# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 08, 2001 8:00 am**
**Secretary of State**
02-08-2001 90060 041 ***150.00

DOCUMENT # S98512

1. Entity Name

TUTOGEN MEDICAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 925 ALLWOOD RD<br>CLIFTON NJ 07012<br>US | 925 ALLWOOD RD<br>CLIFTON NJ 07012<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-3100165 ☐ 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<br>TUTOGEN MEDICAL (US) INC<br>ONE PROGRESS BLVD, BOX 19 SOUTH WING<br>ALACHUA FL 32615 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2001 Fee will be $550.00**
**Make Check Payable to Department of State**

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

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STCF<br>LOMBARDI, GEORGE<br>1719 ROUTE 10 STE 314<br>PARSIPPANY NJ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STCF<br>Lombardi, George<br>925 Allwood Rd<br>Clifton NJ. | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>DRAGONE, CHARLES<br>2209 RIDGEVIEW WAY<br>BOISE ID | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROELKE, ELROY<br>8080 N CENTRAL EXPRESSWAY #210-LB 59<br>DALLAS TX | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>POUKEN, THOMAS<br>5646 MILLAM ST STE 900<br>DALLAS TX 75202 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>Pauken, Thomas<br>5646 Millam ST STE 900<br>Dallas TX 75202 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HELDERMAN, DR. J<br>VANDERBILT TRANSPLANT CENTER S-3223<br>NASHVILLE TN 32732 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CLEVELAND, G. RUSSELL<br>8080 N CENTRAL EXPRESS STE 210-LB59<br>DALLAS TX 75206 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ George Lombardi 1/31/01 (973)365-2799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #