2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90143 040 ***150.00

DOCUMENT # S98512

1. Entity Name
TUTOGEN MEDICAL, INC.

Principal Place of Business	Mailing Address
925 ALLWOOD RD CLIFTON NJ 07012 US	925 ALLWOOD RD CLIFTON NJ 07012 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 TUTOGEN MEDICAL (US) INC ONE PROGRESS BLVD, BOX 19 SOUTH WING ALACHUA FL 32615	Name Street Address (P.O. Box Number is Not Acceptable) 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 John Daniel John Daniel 2/7/02
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, 2002 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 LOMBARDI, GEORGE 925 ALLWOOD RD CLIFTON NJ	☐ Delete	CEO. Manfred K. Krueger. Industriesse 6 D91077 Neunkirchen am Brand Germany.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC DRAGONE, CHARLES 2209 RIDGEVIEW WAY BOISE ID	☒ Delete	D. Robert C. Favone 54 Village Dr. Apt. 54WW Riverside RI 02915	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROELKE, ELROY 8080 N CENTRAL EXPRESSWAY #210-LB 59 DALLAS TX	☒ Delete	D. Richard P. Lunsford. 6511 Shadow Lane. Chanhassen MN 55317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC PAUKEN, THOMAS ~~5646 MILLAM ST STE 900~~ Millan St. Suite 900 DALLAS TX 75202	☐ Delete	D. Dr. Carlton Turner. 2001 Walnut Hill Lane. Irving TX 75038	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELDERMAN, DR. J VANDERBILT TRANSPLANT CENTER S-3223 NASHVILLE TN 32732	☐ Delete	D. David S. Wise. 3 East Greenway Plaza Suite 1600. Houston TX 77046-0391.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEVELAND, G. RUSSELL 8080 N CENTRAL EXPRESS STE 210-LB59 DALLAS TX 75206	☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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 1/31/02. (973) 365-2799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #