

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S98512

FILED
Sep 08, 2005
Secretary of State

Entity Name: TUTOGEN MEDICAL, INC.

Current Principal Place of Business:

1130 MCBRIDE AVE.
3RD FLOOR
W. PATERSON, NJ 07424 US

New Principal Place of Business:

Current Mailing Address:

1130 MCBRIDE AVE.
3RD FLOOR
W. PATERSON, NJ 07424 US

New Mailing Address:

FEI Number: 59-3100165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUSH, MATHEW T
TUTOGEN MEDICAL (US) INC
ONE PROGRESS BLVD,
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STCF () Delete
Name: LOMBARDI, GEORGE
Address: 1130 MCBRIDE AVE
City-St-Zip: W.PATERSON, NJ 07424

Title: DO () Delete
Name: KRUEGER, MANFRED K
Address: INDUSTRIESSE 6
City-St-Zip: NEUNKIRCHEN AM BRAND GERMANY, GE D91077

Title: DC () Delete
Name: CROWNINSHIELD, ROY D
Address: 11115 BURNHILL CT.
City-St-Zip: FT. WAYNE, IN 46814

Title: D () Delete
Name: PAUKEN, THOMAS
Address: 5646 MILTON ST SUITE 900
City-St-Zip: DALLAS, TX 75202

Title: D () Delete
Name: HELDERMAN, DR. J
Address: VANDERBILT TRANSPLANT CENTER S-3223
City-St-Zip: NASHVILLE, TN 32732

Title: D () Delete
Name: CLEVELAND, G. RUSSELL
Address: 8080 N CENTRAL EXPRESS STE 210-LB59
City-St-Zip: DALLAS, TX 75206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GEORGE LOMBARDI

STCF

09/08/2005

Electronic Signature of Signing Officer or Director

Date