2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90290 033 ***150.00

0615321 AT

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1130 McBride Ave.	1130 McBride Ave.
Suite, Apt. #, etc. 3rd Floor.	Suite, Apt. #, etc. 3rd Floor.
City & State W. Paterson NJ	City & State W. Paterson
Zip 07424 Country US	Zip 07424 Country US.

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

DANIEL, JOHN R
TUTOGEN MEDICAL (US) INC
ONE PROGRESS BLVD, BOX 19 SOUTH WING
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name DURLACHER, SCOTT.
Street Address (P.O. Box Number is Not Acceptable)
TUTOGEN MEDICAL (US) INC.
One 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 April 29, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STCF LOMBARDI, GEORGE 925 ALLWOOD RD CLIFTON NJ	☐ Delete	D. STEVEN, E. HANSON. Centerpulse Dental. 1900 Aston Ave, Carlsbad CA 92008	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO KRUEGER, MANFRED K INDUSTRIESSE 6 NEUNKIRCHEN AM BRAND GERMANY D9-1077	☐ Delete	D. Robert C. Farone 54 Village Dr. Apt. 54WW Riverside RI 02915	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUNSFORD, RICHARD P 6511 SHADOW LANE CHANHASSEN MN 55317	☒ Delete	D. Carlton Turner. Carrington Laboratories 2001 Walnut Hill Lane, Irving Tx 75038	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC PAUKEN, THOMAS 5646 MILTON ST SUITE 900 DALLAS TX 75202	☐ Delete	D. Thomas Zehnder. Spine Tech Europe/Row. P.O. Box 65.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELDERMAN, DR. J VANDERBILT TRANSPLANT CENTER S-3223 NASHVILLE TN 32732	☐ Delete	Technologizentrum. Talackerstrasse. 8404 Winterthur. Switzerland.	☐ 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 (10/02)

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 4-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #