

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005229

Entity Name: ACELL, INC.**Current Principal Place of Business:**6640 ELI WHITNEY DR
SUITE 200
COLUMBIA, MD 21046**Current Mailing Address:**6640 ELI WHITNEY DR
SUITE 200
COLUMBIA, MD 21046 US**FEI Number:** 04-3496380**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title PRESIDENT/DIRECTOR
Name MCBRAYER, PATRICK
Address 6640 ELI WHITNEY DR,SUITE 200
City-State-Zip: COLUMBIA MD 21046

Title SECRETARY
Name GRODY, MILES
Address 6640 ELI WHITNEY DR,SUITE 200
City-State-Zip: COLUMBIA MD 21046

Title TREASURER
Name O'BRIEN, EDWARD
Address 6640 ELI WHITNEY DR,SUITE 200
City-State-Zip: COLUMBIA MD 21046

Title DIRECTOR
Name ANDERSON, DAVID
Address 6640 ELI WHITNEY DR,SUITE 200
City-State-Zip: COLUMBIA MD 21046

Title DIRECTOR
Name BALDINO, SKIP
Address 6640 ELI WHITNEY DR,SUITE 200
City-State-Zip: COLUMBIA MD 21046

Title DIRECTOR
Name KERBAWY, KYLE
Address 6640 ELI WHITNEY DR,SUITE 200
City-State-Zip: COLUMBIA MD 21046

Title DIRECTOR
Name MAHER, SALLY
Address 6640 ELI WHITNEY DR,SUITE 200
City-State-Zip: COLUMBIA MD 21046

I hereby 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 all other like empowered.

SIGNATURE: EDWARD O'BRIEN

TREASURER

04/06/2017

Electronic Signature of Signing Officer/Director Detail_____
Date