

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001080

Entity Name: TISSUE EXCELLENCE CENTER, INC.**Current Principal Place of Business:**3116 N POINTER RD
APPLETON, WI 54911**Current Mailing Address:**3116 N POINTER RD
APPLETON, WI 54911**FEI Number:** 06-1826131**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	P
Name	BOTTECCHIA, MARCO
Address	3116 N POINTER RD
City-State-Zip:	APPLETON WI 54911

Title	VPT
Name	MARCOLINI, VALTER
Address	3116 N POINTER RD
City-State-Zip:	APPLETON WI 54911

Title	S
Name	CAROTI, GISELLA L
Address	125 BROAD ST
City-State-Zip:	NEW YORK NY 10004

Title	D
Name	ANGELI, VANNI
Address	3116 N POINTER RD
City-State-Zip:	APPLETON WI 54911

Title	D
Name	DE MATTEIS, ALESSANDRO
Address	3116 N POINTER RD
City-State-Zip:	APPLETON WI 54911

Title	D
Name	GENTILI, MATTEO
Address	3116 N POINTER RD
City-State-Zip:	APPLETON WI 54911

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: GISELLA LEVI CAROTI**SECRETARY****01/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date