

2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-12-2007 90094 040 ***150.00
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40000 STATE TALLAHASSEE, FLORIDA



02142007 Chg-P CR2E034 (12/06)

DOCUMENT # F01000005329					
1. Entity Name KYPHON INC.					
Principal Place of Business 1221 CROSSMAN AVE. SUNNYVALE, CA 94089		Mailing Address 1221 CROSSMAN AVE. SUNNYVALE, CA 94089			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 77-0366069	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOTT, RICHARD W		NAME		
STREET ADDRESS	1221 CROSSMAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	SUNNYVALE, CA 94089		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TALMADGE, KAREN D		NAME		
STREET ADDRESS	1221 CROSSMAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	SUNNYVALE, CA 94089		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE	VCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ARTHUR T		NAME		
STREET ADDRESS	1221 CROSSMAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	SUNNYVALE, CA 94089		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, DAVID		NAME		
STREET ADDRESS	1221 CROSSMAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	SUNNYVALE, CA 94089		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY, JULIE		NAME		
STREET ADDRESS	1221 CROSSMAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	SUNNYVALE, CA 94089		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VCFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MAJOREN LAMB	
STREET ADDRESS			STREET ADDRESS	1221 CROSSMAN AVENUE	
CITY-ST-ZIP			CITY-ST-ZIP	SUNNYVALE, CA 94089	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 "D" or Block "E" changed, or on an attachment with an address, with all prior file empowered					
SIGNATURE: 			2-22-07 408548-5291		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		