FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002704 (3)**

1. Corporation Name

STRYKER CORPORATION OF MICHIGAN

Principal Place of Business	Mailing Address
2725 FAIRFIELD RD. KALAMAZOO MI 49002	2725 FAIRFIELD RD. KALAMAZOO MI 49002

3. Date Incorporated or Qualified: **06/06/1995**

3a. Date of Last Report:

2. Principal Place of Business
21:

Suite, Apt. #, etc.
22:

City & State
23:

Zip
24:

Country
25:

2a. Mailing Address
26:

Suite, Apt. #, etc.
27:

City & State
28:

Zip
29:

Country
30:

4. FEI Number: **38-1239739** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required where indicated) DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, JOHN W		1.2 NAME		
STREET ADDRESS	2725 FAIRFIELD RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KALAMAZOO MI 49002		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COX, HOWARD E JR.		2.2 NAME		
STREET ADDRESS	2725 FAIRFIELD RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	KALAMAZOO MI 49002		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ENGLEMAN, DONALD M		3.2 NAME		
STREET ADDRESS	261 PARK ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW HAVEN CT 06511		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GROSSMAN, JEROME H		4.2 NAME		
STREET ADDRESS	72 SPOONER		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHESNUT HILL MA 02167		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WINKEL, THOMAS R		5.2 NAME		
STREET ADDRESS	2725 FAIRFIELD RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	KALAMAZOO MI 49002		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, DAVID J		6.2 NAME		
STREET ADDRESS	2725 FAIRFIELD RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	KALAMAZOO MI 49002		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-26-96 (616) 385-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)