2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 SEP 25 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000135818 AT

DOCUMENT # F95000004910

1. Entity Name
ORTHOFIX INC.

Principal Place of Business	Mailing Address
1720 BRAY CENTRAL DRIVE ✓ MCKINNEY TX 75069 ✓	1720 BRAY CENTRAL DRIVE ✓ MCKINNEY TX 75069 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1720 BRAY CENTRAL DRIVE Suite, Apt. #, etc.	1720 BRAY CENTRAL DRIVE Suite, Apt. #, etc.
City & State: MCKINNEY, TX.	City & State: MCKINNEY, TX.
Zip: 75069 Country:	Zip: 75069 Country:

4. FEI Number 75-2608036 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 EAST PARK AVENUE ✓ TALLAHASSEE FL 32301 ✓	Name: NO CHANGE 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: N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $550.00** **After September 13, 2002 Fee will be $750.00** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D FEDERICO, CHARLES W 10115 KINCEY AVE #250 HUNTERSVILLE NC 28078	☑ Delete	Director FEDERICO, CHARLES W. 10115 KINCEY AVE #250 HUNTERSVILLE, NC 28078	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D HENLEY, GARY 1720 BRAY CENTRAL DRIVE MCKINNEY TX 75069	☐ Delete	PRESIDENT HENLEY, GARY 1720 BRAY CENTRAL DRIVE MCKINNEY, TX 75069	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T HEIN, TOM 10115 KINCEY AVE #250 HUNTERSVILLE NC 28078	☐ Delete	300008170533--4 -10/03/02--01017--008 ****558.75 ****558.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS/D RUCINSKI, ROBERT A 10115 KINCEY AVE #250 HUNTERSVILLE NC 28078	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEWETT, PETER 10115 KINCEY AVE #250 HUNTERSVILLE NC 28078	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V/P SALES & MARKETING/DIRECTOR ERIC M. BROWN 10115 KINCEY AVE. #250 HUNTERSVILLE, N.C. 28078	☐ Change ☑ Addition

CR2E034 (4/02)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED PRESIDENT- GARY HENLEY 9/13/02 800-527-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Pam

DATE: 9-25-02

REF. #: 0173.9559

CORP. NAME: Orthofix Inc

( ) ARTICLES OF INCORPORATION
(X) ANNUAL REPORT
( ) FOREIGN QUALIFICATION
( ) REINSTATEMENT
( ) CERTIFICATE OF CANCELLATION
( ) OTHER:

( ) ARTICLES OF AMENDMENT
( ) TRADEMARK/SERVICE MARK
( ) LIMITED PARTNERSHIP
( ) MERGER
( ) UCC-1

( ) ARTICLES OF DISSOLUTION
( ) FICTITIOUS NAME
( ) LIMITED LIABILITY
( ) WITHDRAWAL
( ) UCC-3

STATE FEES PREPAID WITH CHECK#_____ FOR $ 558.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

RECEIVED
02 SEP 25 AM 10:

PLEASE RETURN:

( ) CERTIFIED COPY
(X) CERTIFICATE OF STATUS
( ) CERTIFICATE OF GOOD STANDING
(X) PLAIN STAMPED COPY

Examiner's Initials