## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

## **FILED** DOCUMENT # F97000001604 Feb 26, 2000 8:00 am **Secretary of State** SMITH & NEPHEW, INC. 02-26-2000 90040 040 \*\*\*150.00 Principal Place of Business Mailing Address 1450 BROOKS RD 1450 BROOKS RD MEMPHIS TN 38116 MEMPHIS TN 38116-1804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 51-0123924 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE NAME NAME PAPASAN, LARRY STREET ADDRESS STREET ADDRESS 1450 BROOKS RD CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38116. ☐ Addition ☐ Delete TITLE □ Change TITLE NAME LOMAX, CLIFF STREET ADDRESS STREET ADDRESS 1450 BROOKS RD CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38116 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME RALSTON, JAMES STREET ADDRESS STREET ADDRESS 1450 BROOKS RD CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38116 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ROSALES, RUBEN SR NAME STREET ADDRESS STREET ADDRESS 1450 BROOKS RD CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38116 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME HALLIBURTON, BARBARA STREET ADDRESS STREET ADDRESS 1450 BROOKS RD CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38116 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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