

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

DOCUMENT # **P37346** (4)  
 1. Corporation Name  
**DEPUY ORTHOPAEDICS, INC.**



Principal Place of Business: **700 ORTHOPAEDIC DR WARSAW IN 46581 US**  
 Mailing Address: **P.O. BOX 968 WARSAW IN 46581-0968 US**

3. Date Incorporated or Qualified: **02/03/1992**      3a. Date of Last Report: **04/04/1996**  
 4. FEI Number: **35-1843282**      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

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**DEPUY 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      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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LENT, JAMES A.</b>	1.2 NAME	
STREET ADDRESS	<b>700 ORTHOPAEDIC DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WARSAW IN</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCAFFREY, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>700 ORTHOPAEDIC DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WARSAW IN</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIDMORE, WILLIAM</b>	3.2 NAME	
STREET ADDRESS	<b>700 ORTHOPAEDIC DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WARSAW IN</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETROVIC, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>9115 HAGUE RD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>INDIANAPOLIS IN</b>	4.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEWARD, TAYLOR</b>	5.2 NAME	
STREET ADDRESS	<b>700 ORTHOPAEDIC DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WARSAW IN</b>	5.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OBERHAUSEN, THOMAS J.</b>	6.2 NAME	
STREET ADDRESS	<b>700 ORTHOPAEDIC DR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WARSAW IN 46581</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Thomas J. Oberhausen      **Thomas J. Oberhausen**      **(219) 372-7458**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 Sr. V.P. Finance

CR2E034 (9/96)

**DEPUY ORTHOPAEDICS, INC.  
OFFICERS AND DIRECTORS  
FIN #35-1843282**

OFFICERS	BUSINESS ADDRESS	RESIDENCE ADDRESS	BOARD OF DIRECTORS	DATE OF EXPIRATION.
<i>Chairman</i> James A. Lent	DePuy Inc. 700 Orthopaedic Drive Warsaw, IN 46581	1712 Willow Lane Warsaw, IN 46580	Yes	Indef.
<i>President</i> William Tidmore	DePuy Inc. 700 Orthopaedic Drive Warsaw, IN 46581	1901 Deer Trail Warsaw, IN 46580	Yes	Indef.
<i>Senior Vice President Personnel</i> Taylor Seward	DePuy Inc. 700 Orthopaedic Drive Warsaw, IN 46581	46 Ems Lane C-18 Warsaw, IN 46580	No	Indef.
<i>Senior Vice President Finance</i> Thomas Oberhausen	DePuy Inc. 700 Orthopaedic Drive Warsaw, IN 46581	2004 Grey Birch Ct. Ft. Wayne, Indiana 46804	No	Indef.
<i>Senior Vice President Research &amp; Development</i> Richard L. Tarr	DePuy Inc. 700 Orthopaedic Drive Warsaw, IN 46581	2404 S. Sunset Circle Warsaw, IN 46581	No	Indef.
<i>Senior Vice President</i> Michael J. Dormer	DePuy International Limited P.O. Box HP 171 1 Shire Oak Street Leeds, UK - LS6 2DP	Burrage House 26 York Place Harrogate, North Yorkshire, UK HG1 5RH	No	Indef.
<i>Senior Vice President General Counsel &amp; Secretary</i> Steven L. Artusi	DePuy Inc. 700 Orthopaedic Drive Warsaw, IN 46581	2315 Blue Smoke Trail Mishawaka, IN 46544	Yes	Indef.
<i>Treasurer</i> William Petrovic	Corange U. S. Holdings, Inc. 9115 Hague Road Indianapolis, IN 46250	3674 E. Carmel Dr. Carmel, IN 46033	No	Indef.
<i>Director</i> R. Michael McCaffrey	DePuy Inc. 700 Orthopaedic Drive Warsaw, IN 46581	1904 Deer Trail Warsaw, IN 46580	Yes	Indef.