

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90238 021 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P37346**

1. Corporation Name  
**DEPUY ORTHOPAEDICS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**700 ORTHOPAEDIC DR  
 WARSAW IN 46581  
 US**

Mailing Address  
**P.O. BOX 988  
 WARSAW IN 46581-0988  
 US**

3. Date Incorporated or Qualified  
**02/03/1992**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	DORMER, M J	
STREET ADDRESS	700 ORTHOPAEDIC DR	
CITY-ST-ZIP	WARSAW IN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCAFFREY, MICHAEL	
STREET ADDRESS	700 ORTHOPAEDIC DR	
CITY-ST-ZIP	WARSAW IN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARTUSI, S L	
STREET ADDRESS	700 ORTHOPAEDIC DR	
CITY-ST-ZIP	WARSAW IN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TARR, R L	
STREET ADDRESS	9115 HAGUE RD	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SEWARD, TAYLOR	
STREET ADDRESS	700 ORTHOPAEDIC DR	
CITY-ST-ZIP	WARSAW IN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OBERHAUSEN, THOMAS J.	
STREET ADDRESS	700 ORTHOPAEDIC DR	
CITY-ST-ZIP	WARSAW IN 46581	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeffrey R. Binder
2.3 STREET ADDRESS	700 Orthopaedic Drive
2.4 CITY-ST-ZIP	Warsaw, IN 46581
3.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mark T. Piazza
3.3 STREET ADDRESS	700 Orthopaedic Drive
3.4 CITY-ST-ZIP	Warsaw, IN 46581
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Stephan Gansler
5.3 STREET ADDRESS	700 Orthopaedic Drive
5.4 CITY-ST-ZIP	Warsaw, IN 46581
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: April 12, 1999 219/267-8143  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

UPOR19 CR2E34 (11/99)