

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37346

FILED
Feb 11, 2005
Secretary of State

Entity Name: DEPUY ORTHOPAEDICS, INC.

Current Principal Place of Business:

700 ORTHOPAEDIC DR
WARSAW, IN 46581 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 988
WARSAW, IN 465810988 US

New Mailing Address:

FEI Number: 35-1843282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIDOW, KEVIN
Address: 700 ORTHOPAEDIC DR
City-St-Zip: WARSAW, IN 46581 US

Title: VP () Delete
Name: RICHARDSON, PAT
Address: 700 ORTHOPAEDIC DR
City-St-Zip: WARSAW, IN 46581 US

Title: SD () Delete
Name: PIAZZA, MARK T
Address: 700 ORTHOPAEDIC DR
City-St-Zip: WARSAW, IN 46581 US

Title: T () Delete
Name: DWYER, KEVIN
Address: 700 ORTHOPAEDIC DR
City-St-Zip: WARSAW, IN 46581 US

Title: VP () Delete
Name: HANLIN, EARLE
Address: 700 ORTHOPAEDIC DR
City-St-Zip: WARSAW, IN 46581 US

Title: VP () Delete
Name: OBERHAUSEN, THOMAS J
Address: 700 ORTHOPAEDIC DR
City-St-Zip: WARSAW, IN 46581 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOREIRA-RATO, DIOGO
Address: 700 ORTHOPAEDIC DR
City-St-Zip: WARSAW, IN 46581 US

Title: CEOD (X) Change () Addition
Name: DORMER, MICHAEL J
Address: 700 ORTHOPAEDIC DR
City-St-Zip: WARSAW, IN 46581 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK T. PIAZZA

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02/11/2005

Electronic Signature of Signing Officer or Director

_____ Date