

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37346

FILED  
Apr 28, 2006  
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: MOREIRA-RATO, DIOGO  
Address: 700 ORTHOPAEDIC DR  
City-St-Zip: WARSAW, IN 46581 US

Title: CEOD (X) Delete  
Name: DORMER, MICHAEL J  
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 (X) 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 (X) 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: SULLIVAN, THOMAS 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:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 Chapter 119, 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

Electronic Signature of Signing Officer or Director

SEC

04/28/2006

\_\_\_\_\_ Date