

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37346

FILED  
Apr 21, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: RYAN, SCOTT R  
Address: 700 ORTHOPAEDIC DR  
City-St-Zip: WARSAW, IN 46581 US

Title: VP  
Name: RYAN, SCOTT R  
Address: 700 ORTHOPAEDIC DR  
City-St-Zip: WARSAW, IN 46581 US

Title: T  
Name: PETER, BATESKO III  
Address: 700 ORTHOPAEDIC DR  
City-St-Zip: WARSAW, IN 46581 US

Title: VP  
Name: RIGGS, MARY  
Address: 700 ORTHOPAEDIC DRIVE  
City-St-Zip: WARSAW, IN 46581 US

Title: ASEC  
Name: MOORE, MONTE  
Address: 700 ORTHOPAEDIC DRIVE  
City-St-Zip: WARSAW, IN 46581 US

I hereby 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 all other like empowered.

SIGNATURE: SCOTT R RYAN

SD

04/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date