

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000000709

**Entity Name:** DEPUY SYNTHES PRODUCTS, INC.**Current Principal Place of Business:**325 PARAMOUNT DRIVE  
RAYNHAM, MA 02767-0350**Current Mailing Address:**325 PARAMOUNT DRIVE  
RAYNHAM, MA 02767-0350 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Officer/Director Detail :**

Title           TREASURER  
Name           JASON, CRISTINA  
Address        325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title           PRESIDENT  
Name           WHITE, STEPHEN E  
Address        325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title           VP  
Name           ROWLEY, LIAM  
Address        325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title           DIRECTOR  
Name           CROFT, DAVID  
Address        325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title           DIRECTOR, SECRETARY  
Name           CONDE , KATHRYN K  
Address        325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title           VP  
Name           BARNICK, ANITA  
Address        325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title           VP  
Name           JOSSE, SHARROLYN  
Address        325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title           VP  
Name           BROOKS, DAVID W  
Address        325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

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*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: KATHRYN K CONDE****SECRETARY****03/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name BROSDAHAN III, ROBERT  
Address 325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title VP  
Name JOHNSON, ERIN  
Address 325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title VP  
Name LOTTIER, JOHN  
Address 325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title VP  
Name TURNER, LEANNE A  
Address 325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title VP  
Name HARTEN, ROBERT D  
Address 325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title VP  
Name HAINE, FUNDA  
Address 325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title VP  
Name LAIRD, ROBERT  
Address 325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title VP  
Name SHEN, PEITAO P  
Address 325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350

Title VP  
Name VILLARUZ, AARON  
Address 325 PARAMOUNT DRIVE  
City-State-Zip: RAYNHAM MA 02767-0350