

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000003820

Entity Name: CONMED CORPORATION

Current Principal Place of Business:

C/O CONMED CORPORATION
11311 CONCEPT BLVD.
LARGO, FL 33773

FILED
Apr 09, 2024
Secretary of State
5473277889CC

Current Mailing Address:

C/O CONMED CORPORATION
11311 CONCEPT BLVD.
LARGO, FL 33773 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 PRESIDENT / CEO
Name HARTMAN, CURT
Address C/O CONMED CORPORATION
 11311 CONCEPT BLVD.
City-State-Zip: LARGO FL 33773

Title TREASURER / CFO
Name PELLETIER, JOHONNA
Address C/O CONMED CORPORATION
 11311 CONCEPT BLVD.
City-State-Zip: LARGO FL 33773

Title DIRECTOR
Name BRONSON, DAVID
Address C/O CONMED CORPORATION
 11311 CONCEPT BLVD.
City-State-Zip: LARGO FL 33773

Title DIRECTOR
Name CONCANNON, BRIAN
Address C/O CONMED CORPORATION
 11311 CONCEPT BLVD.
City-State-Zip: LARGO FL 33773

Title DIRECTOR
Name FARKAS, CHARLES M.
Address C/O CONMED CORPORATION
 11311 CONCEPT BLVD.
City-State-Zip: LARGO FL 33773

Title DIRECTOR
Name ARONSON, MARTHA GOLDBERG
Address C/O CONMED CORPORATION
 11311 CONCEPT BLVD.
City-State-Zip: LARGO FL 33773

Title CHAIRMAN OF THE BOARD
Name HARTMAN, CURT
Address C/O CONMED CORPORATION
 11311 CONCEPT BLVD.
City-State-Zip: LARGO FL 33773

Title DIRECTOR
Name LANDE, JEROME J.
Address C/O CONMED CORPORATION
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City-State-Zip: LARGO FL 33773

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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: HEATHER COHEN

SECRETARY

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHWARZENTRAUB, BARBARA J.
Address C/O CONMED CORPORATION
11311 CONCEPT BLVD.
City-State-Zip: LARGO FL 33773

Title DIRECTOR
Name COUNCIL, LAVERNE
Address C/O CONMED CORPORATION
11311 CONCEPT BLVD.
City-State-Zip: LARGO FL 33773

Title DIRECTOR
Name WORKMAN, JOHN L.
Address C/O CONMED CORPORATION
11311 CONCEPT BLVD.
City-State-Zip: LARGO FL 33773

Title SECRETARY
Name COHEN, HEATHER
Address C/O CONMED CORPORATION
11311 CONCEPT BLVD.
City-State-Zip: LARGO FL 33773