

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **827279**

(1)

1. Corporation Name
ZIMMER USA, INC.

Principal Place of Business
**TAX DEPARTMENT 3RD FLOOR
345 PARK AVENUE
NEW YORK NY 10154
US**

Mailing Address
**TAX DEPARTMENT - 3rd FLOOR
ZIMMER 345 PARK AVENUE
PO BOX 1225 FDR STATION
NEW YORK, NEW YORK 10154
US**

FILED
Jul 23 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/07/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-2695416	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VAS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHINNEMAN, J. D.			1.2 NAME	BRIENZA, DAVID J		
STREET ADDRESS	727 N DETROIT ST			1.3 STREET ADDRESS	727 N DETROIT ST.		
CITY-ST-ZIP	WARSAW, IN 0			1.4 CITY-ST-ZIP	WARSAW, IN		
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEE, MICHAEL F.			2.2 NAME			
STREET ADDRESS	345 PARK AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			2.4 CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZABOR, DAVID L.			3.2 NAME	ELLIOTT, J. RAYMOND		
STREET ADDRESS	727 N DETROIT ST			3.3 STREET ADDRESS	727 N DETROIT ST.		
CITY-ST-ZIP	WARSAW IN			3.4 CITY-ST-ZIP	WARSAW, IN.		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAJNS, H.M. JR.			4.2 NAME			
STREET ADDRESS	345 PARK AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			4.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FURNESS, TERENCE N.			5.2 NAME			
STREET ADDRESS	727 N DETROIT ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	WARSAW IN			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRENNAN, ALICE C.			6.2 NAME			
STREET ADDRESS	345 PARK AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alice C. Brennan* ALICE C. BRENNAN 7/13/98 212-546-4714

CR2E034 (5/98)