FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90194 002 ***150.00

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DOCUMENT # **827279**

1. Corporation Name

ZIMMER USA, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
01/07/1972

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 345 East Main Street	26	**13-2695416**	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
23 Warsaw, Indiana	28		

Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24 46580	25 US	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DAT NAME BRIENZA, DAVID J STREET ADDRESS 727 N DETROIT ST CITY-ST-ZIP WARSAW, IN 0	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	345 East Main St. Warsaw, Indiana 46580	XX Change ☐ Addition
TITLE DV NAME MEE, MICHAEL F. STREET ADDRESS 345 PARK AVE. CITY-ST-ZIP NEW YORK NY	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE DP NAME ELLIOTT, J R STREET ADDRESS 727 N DETROIT ST CITY-ST-ZIP WARSAW IN	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	345 East Main Street Warsaw, Indiana 46580	XX Change ☐ Addition
TITLE T NAME BAINS, H.M. JR. STREET ADDRESS 345 PARK AVENUE CITY-ST-ZIP NEW YORK NY	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE S NAME BRENNAN, ALICE C. STREET ADDRESS 345 PARK AVE. CITY-ST-ZIP NEW YORK NY	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: X _~~SIGNATURE REQUIRED~~_ Alice C. Brennan   JAN 15 1999   212-546-4053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Secretary   Date   Daytime Phone #