

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827279

1. Entity Name

ZIMMER USA, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90034 021 \*\*\*150.00

Principal Place of Business  
345 E. MAIN ST.  
WARSAW IN 46580  
US

Mailing Address  
TAX DEPARTMENT 3RD FLOOR  
345 PARK AVENUE  
NEW YORK NY 10154-0004  
US

00011430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-2695416

Applied For  
Not Applied

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DAT	<input type="checkbox"/> Delete
NAME	BRIENZA, DAVID J	
STREET ADDRESS	345 E. MAIN ST.	
CITY-ST-ZIP	WARSAW IN 46580	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MEE, MICHAEL F.	
STREET ADDRESS	345 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ELLIOTT, J R	
STREET ADDRESS	345 E. MAIN ST.	
CITY-ST-ZIP	WARSAW IN 46580	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAINS, H.M. JR.	
STREET ADDRESS	345 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	<del>BRENNAN, ALICE</del> Sandra Leung	
STREET ADDRESS	345 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

1/18/00

Daytime Phone #