

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002868

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: OTTO BOCK HEALTHCARE U.S., INC.

## Current Principal Place of Business:

TWO CARLSON PKWY.  
SUITE 100  
PLYMOUTH, MN 55447 US

## Current Mailing Address:

TWO CARLSON PKWY.  
SUITE 100  
PLYMOUTH, MN 55447 US

## New Principal Place of Business:

TWO CARLSON PKWY N  
SUITE 100  
PLYMOUTH, MN 55447 US

## New Mailing Address:

TWO CARLSON PKWY N  
SUITE 100  
PLYMOUTH, MN 55447 US

FEI Number: 41-1638999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREGGER, ERIC  
8040 ISLAND DR.  
PORT RICHEY, FL 34668 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: HARMAN, ELBERT P  
Address: TWO CARLSON PKWY. #100  
City-St-Zip: PLYMOUTH, MN 55447

Title: DT ( ) Delete  
Name: SCHMIDT, RICK  
Address: TWO CARLSON PKWY. #100  
City-St-Zip: PLYMOUTH, MN 55447

Title: DS ( ) Delete  
Name: CARR, STEPHEN A  
Address: TWO CARLSON PKWY. #100  
City-St-Zip: PLYMOUTH, MN 55447 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: HARMAN, ELBERT P  
Address: TWO CARLSON PKWY N, #100  
City-St-Zip: PLYMOUTH, MN 55447

Title: DT (X) Change ( ) Addition  
Name: SCHMIDT, RICK  
Address: TWO CARLSON PKWY N, #100  
City-St-Zip: PLYMOUTH, MN 55447

Title: DS (X) Change ( ) Addition  
Name: CARR, STEPHEN A  
Address: TWO CARLSON PKWY N, #100  
City-St-Zip: PLYMOUTH, MN 55447 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN A. CARR

DS

02/16/2009

Electronic Signature of Signing Officer or Director

Date