

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002899

FILED
Apr 20, 2009
Secretary of State

Entity Name: WRIGHT MEDICAL TECHNOLOGY, INC.

Current Principal Place of Business:

5677 AIRLINE RD
ARLINGTON, TN 38002

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100
ARLINGTON, TN 38002

New Mailing Address:

FEI Number: 62-1532765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: EVPC () Delete
Name: BAKEWELL, JOHN K
Address: 5677 AIRLINE RD
City-St-Zip: ARLINGTON, TN 38002

Title: D () Delete
Name: TREACE, JAMES T D
Address: 10515 DEERWOOD PK BLVD, BLDG 200,STE 250
City-St-Zip: JACKSONVILLE, FL 32256

Title: P () Delete
Name: HENLEY, GARY D P
Address: 5677 AIRLINE ROAD
City-St-Zip: ARLINGTON, TN 38002

Title: S () Delete
Name: HOOD, JASON P S
Address: 5677 AIRLINE ROAD
City-St-Zip: ARLINGTON, TN 38002

Title: D () Delete
Name: BAYS, F. BARRY
Address: 5677 AIRLINE ROAD
City-St-Zip: ARLINGTON, TN 38002

Title: T () Delete
Name: JONES, JOYCE B
Address: 5677 AIRLINE ROAD
City-St-Zip: ARLINGTON, TN 38002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN K. BAKEWELL

EVPC

04/20/2009

Electronic Signature of Signing Officer or Director

Date