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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **F93000004008 (9)**

1. Corporation Name
DEPUY ACE MEDICAL COMPANY

Principal Place of Business	Mailing Address
2260 EAST EL SEGUNDO BLVD. EL SEGUNDO CA 90245-4694	2260 EAST EL SEGUNDO BLVD. EL SEGUNDO CA 90245-4694

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
09/02/1993

4. FEI Number
95-2495688
☐ Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ROBERT, MOREL		1.2 NAME	Robert E. Morel	
STREET ADDRESS	2260 E EL SEGUNDO BLVD		1.3 STREET ADDRESS	2260 El El Segundo Blvd.	
CITY-ST-ZIP	EL SEGUNDO CA		1.4 CITY-ST-ZIP	El Segundo, CA 90245	
TITLE	C	☐ DELETE	2.1 TITLE	Chairman of the Board	☐ Change ☒ Addition
NAME	JAMES A LENT		2.2 NAME	Mike J. Dormer	
STREET ADDRESS	700 ORTHOPAEDIC DR		2.3 STREET ADDRESS	700 Orthopaedics Drive	
CITY-ST-ZIP	WARSAW IN		2.4 CITY-ST-ZIP	Warsaw, IN 46581	
TITLE	S	☐ DELETE	3.1 TITLE	E.V.P.	☐ Change ☒ Addition
NAME	STEVEN L. ARTUSI		3.2 NAME	Robert Guilleaume	
STREET ADDRESS	2315 BLUE SMOKE TRL.		3.3 STREET ADDRESS	2260 E. El Segundo Blvd.	
CITY-ST-ZIP	MISHAWAKA IN		3.4 CITY-ST-ZIP	El Segundo, CA 90245	
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS J OBERHAUSEN		4.2 NAME		
STREET ADDRESS	700 ORTHOPAEDIC DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	WARSAW IN		4.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KATHERINE G. GREENBERG		5.2 NAME		
STREET ADDRESS	1509 PALOS VERDES DR. W.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALOS VERDES ESTATES CA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Gordon Coutts 2/26/98