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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
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DOCUMENT # F93000004008 (9)

1. Corporation Name

DEPUY ACE MEDICAL COMPANY



Principal Place of Business

2260 EAST EL SEGUNDO BLVD.
EL SEGUNDO CA 90245-4694

Mailing Address

2260 EAST EL SEGUNDO BLVD.
EL SEGUNDO CA 90245-4694

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME ROBERT, MOREL
STREET ADDRESS 2260 E EL SEGUNDO BLVD
CITY-ST-ZIP EL SEGUNDO CA

TITLE C ☐ DELETE

NAME JAMES A LENT
STREET ADDRESS 700 ORTHOPAEDIC DR
CITY-ST-ZIP WARSAW IN

TITLE S ☐ DELETE

NAME STEVEN L. ARTUSI
STREET ADDRESS 2315 BLUE SMOKE TRL.
CITY-ST-ZIP MISHAWAKA IN

TITLE VP ☐ DELETE

NAME THOMAS J OBERHAUSEN
STREET ADDRESS 700 ORTHOPAEDIC DR
CITY-ST-ZIP WARSAW IN

TITLE VAS ☐ DELETE

NAME KATHERINE G. GREENBERG
STREET ADDRESS 1509 PALOS VERDES DR. W.
CITY-ST-ZIP PALOS VERDES ESTATES CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Robert E. Morel
1.3 STREET ADDRESS 2260 E El Segundo Blvd.
1.4 CITY-ST-ZIP El Segundo, CA 90245

2.1 TITLE Chairman of the Board ☐ Change ☒ Addition

2.2 NAME Mike J. Dormer
2.3 STREET ADDRESS 700 Orthopaedics Drive
2.4 CITY-ST-ZIP Warsaw, IN 46581

3.1 TITLE E.V.P. ☐ Change ☒ Addition

3.2 NAME Robert Guillaume
3.3 STREET ADDRESS 2260 E. El Segundo Blvd.
3.4 CITY-ST-ZIP El Segundo, CA 90245

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

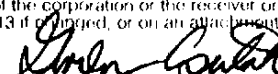
5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: 

2/26/98

CR2ED34 (10/97)