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May 10, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004008

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE

NAME **MOREL, ROBERT E**
STREET ADDRESS **2260 E EL SEGUNDO BLVD**
CITY-ST-ZIP **EL SEGUNDO CA 90245**

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 **D** ☐ DELETE

NAME **DORMER, MIKE J**
STREET ADDRESS **700 ORTHOPAEDICS DRIVE**
CITY-ST-ZIP **WARSAW IN 46581**

1.1 TITLE **Executive Vice President** ☐ Change ☒ Addition

1.2 NAME **Salvatore Casimano**
1.3 STREET ADDRESS **2260 E. El Segundo Blvd.**
1.4 CITY-ST-ZIP **El Segundo, CA 90245**

2.1 TITLE **Vice President & Controller** ☐ Change ☒ Addition

2.2 NAME **Rick Brown**
2.3 STREET ADDRESS **2260 E. El Segundo Blvd.**
2.4 CITY-ST-ZIP **El Segundo, CA 90245**

3.1 TITLE **Vice President Operations** ☐ Change ☒ Addition

3.2 NAME **Terry Pattigno**
3.3 STREET ADDRESS **2260 E. El Segundo Blvd.**
3.4 CITY-ST-ZIP **El Segundo, CA 90245**

4.1 TITLE **Secretary** ☐ Change ☒ Addition

4.2 NAME **Mark Piazza**
4.3 STREET ADDRESS **700 Orthopaedic Drive**
4.4 CITY-ST-ZIP **Warsaw, IN 46581**

5.1 TITLE **Vice President Sales/Mrktg.** ☐ Change ☒ Addition

5.2 NAME **Andrew Balaity**
5.3 STREET ADDRESS **700 Orthopaedic Drive**
5.4 CITY-ST-ZIP **Warsaw, IN 46581**

6.1 TITLE **Chairman of the Board** ☒ Change ☐ Addition

6.2 NAME **Mike J. Dormer**
6.3 STREET ADDRESS **700 Orthopaedic Drive**
6.4 CITY-ST-ZIP **Warsaw, IN 46581**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)