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FILED
Aug 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000022 (3)

1. Corporation Name
ARTHROTEK, INC.

Principal Place of Business

4861 E. AIRPORT DR.
ONTARIO CA 91761
US

Mailing Address

AIRPORT INDUSTRIAL PARK
PO BOX 587
WARSAW IN 46581-0587



3. Date Incorporated or Qualified 01/03/1994	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	MILLER, DANE A PH.D.	1.2 NAME	Niles L. Noblitt
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	1.3 STREET ADDRESS	6 Upper Pond Rd.
CITY-ST-ZIP	WARSAW IN 46580	1.4 CITY-ST-ZIP	Parsippany, NJ 07054
TITLE	D	2.1 TITLE	P
NAME	PRATT, JOEL P	2.2 NAME	Joel P. Pratt
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	2.3 STREET ADDRESS	Airport Industrial Park
CITY-ST-ZIP	WARSAW IN 46580	2.4 CITY-ST-ZIP	Warsaw IN 46580
TITLE	D	3.1 TITLE	
NAME	CASPARI, RICHARD B	3.2 NAME	
STREET ADDRESS	660 PARHAM ROAD, SUITE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23229	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	
NAME	PRICHAD, C. THOMAS	4.2 NAME	
STREET ADDRESS	4861 E. AIRPORT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO CA 91761	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	HANN, DANIEL P	5.2 NAME	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	5.3 STREET ADDRESS	
CITY-ST-ZIP	WARSAW IN 46580	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	HARTMAN, GREGORY D	6.2 NAME	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	6.3 STREET ADDRESS	
CITY-ST-ZIP	WARSAW IN 46580	6.4 CITY-ST-ZIP	

14. I do 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: _____

8/4/97 219-2107-10039

CR2E034 (9/96)