

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90145 034 ***150.00

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DOCUMENT # F94000000022

1. Entity 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-1803072**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, DANE A	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	
CITY-ST-ZIP	WARSAW IN 46580	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PRICHARD, C. THOMAS	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	
CITY-ST-ZIP	WARSAW IN 46580	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOBLITT, NILES L	
STREET ADDRESS	6 UPPER POND RD	
CITY-ST-ZIP	PARISIPPANY NJ	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOLAN, DAVID A JR	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	
CITY-ST-ZIP	WARSAW IN 46580	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANN, DANIEL P	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	
CITY-ST-ZIP	WARSAW IN 46580	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARTMAN, GREGORY D	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	
CITY-ST-ZIP	WARSAW IN 46580	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

April 11, 2003 (574) 267-6639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel P. Hann

CR2E034 (10/02)