

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002361 (3)

1. Corporation Name

SMITH & NEPHEW ROLYAN, INC.



Principal Place of Business

ONE QUALITY DR.
GERMANTOWN WI 53022

Mailing Address

ONE QUALITY DR.
GERMANTOWN WI 53022

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

05/06/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

39-1083604

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

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 office if applicable

(PRINT) Registered Agent Signature (must be witnessed by a notary public)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CLARK, JOHN	
STREET ADDRESS	ONE QUALITY DR.	
CITY-STATE-ZIP	GERMANTOWN WI 53022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOHNS, CHRISTINE	
STREET ADDRESS	ONE QUALITY DR.	
CITY-STATE-ZIP	GERMANTOWN WI 53022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARKANSEE, PATRICIA	
STREET ADDRESS	ONE QUALITY DR.	
CITY-STATE-ZIP	GERMANTOWN WI 53022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	UNGEMACH, ROBERT	
STREET ADDRESS	ONE QUALITY DR.	
CITY-STATE-ZIP	GERMANTOWN WI 53022	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SOUTHWORTH, P. DAVID	
STREET ADDRESS	11775 STARKEY ROAD	
CITY-STATE-ZIP	LARGO FL 34649-1970	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PARRISH, BEN	
STREET ADDRESS	1450 BROOKS ROAD	
CITY-STATE-ZIP	MEMPHIS TN 38116	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JACK BLAIR	
4.3 STREET ADDRESS	1450 BROOKS RD.	
4.4 CITY-STATE-ZIP	MEMPHIS, TN 38116	
5.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ben Parrish

2-27-96

901/396-2121

CR2E034 (12/95)