FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
APR
FILED

DOCUMENT # **F94000005014 (5)**

1. Corporate Name

STRYKER SALES CORPORATION

Principal Place of Business

2725 FAIRFIELD ROAD
KALAMAZOO MI 49002

Mailing Address

2725 FAIRFIELD ROAD
KALAMAZOO MI 49002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/28/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

24 / 25 / 29 / 30

4. FEI Number: **38-2902424** — 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

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 — 85 FL — Zip Code

11. Pursuant to the provisions of Section(s) [illegible] 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 [illegible] Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA		13. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS in 12.	
TITLE	CD	TITLE	☐ Change ☐ Addition
NAME	BROWN, JOHN W	NAME	
STREET ADDRESS	2725 FAIRFIELD ROAD	STREET ADDRESS	
CITY-ST-ZIP	KALAMAZOO MI 49002	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	ELENBAAS, RONALD A	NAME	
STREET ADDRESS	4100 E. MILHAM	STREET ADDRESS	
CITY-ST-ZIP	KALAMAZOO MI 49001	CITY-ST-ZIP	
TITLE	VSD	TITLE	☐ Change ☐ Addition
NAME	SIMPSON, DAVID J	NAME	
STREET ADDRESS	2725 FAIRFIELD ROAD	STREET ADDRESS	
CITY-ST-ZIP	KALAMAZOO MI 49002	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	CARMITCHEL, HARRY E	NAME	
STREET ADDRESS	6300 SPRINKLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	KALAMAZOO MI 49001	CITY-ST-ZIP	
TITLE		TITLE	Treasurer ☐ Change ☒ Addition
NAME		NAME	Julie Pendone-Rice
STREET ADDRESS		STREET ADDRESS	2725 Fairfield Rd.
CITY-ST-ZIP		CITY-ST-ZIP	Kalamazoo, MI 49002
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this 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: Julie Pendone-Rice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0480082 FP