2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # F94000005014 STRYKER SALES CORPORATION 04-19-2000 90090 044 ***150.00 Principal Place of Business Mailing Address 2725 FAIRFIELD ROAD 2725 FAIRFIELD ROAD KALAMAZOO MI 49002 KALAMAZOO MI 49002-1753 LUUDDUUJ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 38-2902424 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President/Director Change Addition CD ☐ Delete TITLE TITLE Stephon S. Johnson BROWN, JOHN W NAME NAME STREET ADDRESS STREET ADDRESS 4100 B. Milham 2725 FAIRFIELD ROAD CITY-ST-ZIP CITY-ST-ZIP KALAMAZOO MI 49002 Kalanazoo, M149 001 Change Addition X Delete TITLE TITLE NAME ELENBAAS, RONALD A NAME STREET ADDRESS STREET ADDRESS 4100 E. MILHAM CITY-ST-ZIP CITY-ST-ZIP KALAMAZOO MI 49001 ☐ Change Addition ☐ Delete TITLE SIMPSON, DAVID J NAME STREET ADDRESS STREET ADDRESS 2725 FAIRFIELD ROAD CITY-ST-ZIP CITY-ST-ZIP KALAMAZOO MI 49002 Addition ☐ Delete TITLE ☐ Change TITLE HOMRICH, CHRISTOPHER F NAME NAME STREET ADDRESS STREET ADDRESS 2725 FAIRFIELD ROAD CITY-ST-ZIP CITY-ST-ZIP KALAMAZOO MI ☐ Change ☐ Addition TITLE ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.