

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F95000001525 (3)**

1. Corporation Name

SULZER ORTHOPEDICS INC.

Principal Place of Business

9900 SPECTRUM DR.
AUSTIN TX 78717

Mailing Address

4000 TECHNOLOGY DR.
ANGLETON TX 77515-4000

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

REINSTATEMENT

3. Date Incorporated or Qualified

03/29/1995

4. FEI Number

74-2206905

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

200002689422--8

84 City

11/17/98-01045-014
****750.00 ****750.00

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

E. A. Wallace
Signature, typed or printed name of registered agent and use if applicable.

E. A. Wallace, Asst. Secretary

11/6/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARLAR, JERRY L	
STREET ADDRESS	9900 SPECTRUM DR.	
CITY-ST-ZIP	AUSTIN TX 78717	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETERSON, CHRISTOPHER L	
STREET ADDRESS	9900 SPECTRUM DRIVE	
CITY-ST-ZIP	AUSTIN TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FRIZELL, JEFFREY L	
STREET ADDRESS	9900 SPECTRUM DR.	
CITY-ST-ZIP	AUSTIN TX 78717	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SABINS, GARY	
STREET ADDRESS	9900 SPECTRUM DR.	
CITY-ST-ZIP	AUSTIN TX 78717	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SKRABA, JOSEPH F	
STREET ADDRESS	9900 SPECTRUM DRIVE	
CITY-ST-ZIP	AUSTIN TX	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LOIACONO, NICHOLAS A	
STREET ADDRESS	4000 TECHNOLOGY DR.	
CITY-ST-ZIP	ANGLETON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Andre P. Buchel	
1.3 STREET ADDRESS	4000 Technology Drive	
1.4 CITY-ST-ZIP	Angleton, TX 77515	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard J. May	
2.3 STREET ADDRESS	4000 Technology Drive	
2.4 CITY-ST-ZIP	Angleton, TX 77515	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David S. Wise	
3.3 STREET ADDRESS	4000 Technology Drive	
3.4 CITY-ST-ZIP	Angleton, TX 77515	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Todd Fanning	
4.3 STREET ADDRESS	9900 Spectrum Drive	
4.4 CITY-ST-ZIP	Austin, TX 78717	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jim Folger	
5.3 STREET ADDRESS	9900 Spectrum Drive	
5.4 CITY-ST-ZIP	Austin, TX 78717	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Renee Rogers	
6.3 STREET ADDRESS	9900 Spectrum Drive	
6.4 CITY-ST-ZIP	Austin, TX 78717	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 as an attachment with an address.

SIGNATURE

David S. Wise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Wise, Secretary

10/20/98

409/848-4140

Daytime Phone #

0115956

CR2E034 (5/98)

RECEIVED
AND
FILED

98 NOV 10 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

