

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000001525**

1. Entity Name

SULZER ORTHOPEDICS INC.

Principal Place of Business

Mailing Address

**9900 SPECTRUM DR.
AUSTIN TX 78717****3 E. GREENWAY PLAZA
STE 1600
HOUSTON FL 77046-0391**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MARLAR, JERRY L
9900 SPECTRUM DR.
AUSTIN TX 78717** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PETERSON, CHRISTOPHER L
9900 SPECTRUM DRIVE
AUSTIN TX** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FRIZELL, JEFFREY L
9900 SPECTRUM DR.
AUSTIN TX 78717** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SABINS, GARY
9900 SPECTRUM DR.
AUSTIN TX 78717** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SKRABA, JOSEPH F
9900 SPECTRUM DRIVE
AUSTIN TX** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WISE, DAVID S
3 EAST GREENWAY PLAZA, STE 1600
HOUSTON TX 77046-0391** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Gary E. Sabins
9900 Spectrum Dr.
Austin, TX 78717** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
James H. Johnson
3 East Greenway Plaza, Suite 1600
Houston, TX 77046-0391** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Wise, Secretary

4/17/01

Date

713-561-6373

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90191 050 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)