

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90193 019 ***150.00

DOCUMENT # F95000001525

1. Entity Name
SULZER ORTHOPEDICS INC.



Principal Place of Business
7375 BUSH LAKE RD.
MINNEAPOLIS MN 55439-2027

Mailing Address
3 E. GRENNWAY PLAZA
STE 1600
HOUSTON FL 77046-0391

2. Principal Place of Business
9900 Spectrum Drive

3. Mailing Address
12 Greenway Plaza
Suite, Apt. #, etc.
Suite 1000

City & State
Austin TX

City & State
Houston TX

Zip
78717

Country
USA

Zip
77046-1203

Country
USA

4. FEI Number **74-2206905**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOYD, DAVID 9900 SPECTRUM DR. AUSTIN TX 78717	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABOR-PAUL, ONDO LEUTSCHENBACHSTRASSE 95 8050 ZURICH, SWITZERLAND	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRIZELL, JEFFREY L 9900 SPECTRUM DR. AUSTIN TX 78717	<input checked="" type="checkbox"/> Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSON, JAMES H 3 EAST GREENWAY PLAZA, SUITE 1600 HOUSTON TX 77046-0391	<input checked="" type="checkbox"/> Delete	TITLE AS NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAY, RICHARD 3 E. GRENNWAY PLAZA #1600 HOUSTON TX 77046-0391	<input type="checkbox"/> Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WISE, DAVID S 3 EAST GREENWAY PLAZA, STE 1600 HOUSTON TX 77046-0391	<input type="checkbox"/> Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			Christian Stambach Andreasstrasse 15 CH-8050 Zurich Switzerland	
			Dennis Hynson 9900 Spectrum Drive Austin TX 78717	
			Dawn Hitt-Wilken 9900 Spectrum Drive Austin TX 78717	
			Richard May 12 Greenway Plaza Suite 1000 Houston TX 77046-1203	
			David S. Wise 12 Greenway Plaza Suite 1000 Houston TX 77046-1203	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED** **David S. Wise, Secretary** **3/6/03** **713-561-6373**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)