

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000000196

1. Corporation Name

SULZER SPINE-TECH SURGICAL INC.

Principal Place of Business

**7375 BUSH LAKE RD.
MINNEAPOLIS MN 55439**

Mailing Address

**7375 BUSH LAKE RD.
MINNEAPOLIS MN 55439
3 East Greenway Plaza, Suite 1600
Houston, TX 77046-0391**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 3 East Greenway Plaza

Suite, Apt. #, etc.

27 Suite 1600

City & State

28 Houston, TX

29 77046-0391 **30** USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

41-1890308

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83 **400002939394--5**

-07/22/93--01108--006

84 City

*****150.00 ***150.00**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CCEO** ☒ DELETE

NAME **STASSEN, DAVID W**
STREET ADDRESS **7375 BUSH LAKE RD.**
CITY-ST-ZIP **MINNEAPOLIS MN 55439**

TITLE **VTS** ☒ DELETE

NAME **EASTMAN, KEITH M**
STREET ADDRESS **7375 BUSH LAKE RD.**
CITY-ST-ZIP **MINNEAPOLIS MN 55439**

TITLE **VAS** ☐ DELETE

NAME **LUNS福德, PAUL R**
STREET ADDRESS **7375 BUSH LAKE RD.**
CITY-ST-ZIP **MINNEAPOLIS MN 55439**

TITLE **V** ☒ DELETE

NAME **SUMMERS, MARK A**
STREET ADDRESS **7375 BUSH LAKE RD.**
CITY-ST-ZIP **MINNEAPOLIS MN 55439**

TITLE **ATAS** ☐ DELETE

NAME **THALHUBER, DENNIS J**
STREET ADDRESS **7375 BUSH LAKE RD.**
CITY-ST-ZIP **MINNEAPOLIS MN 55439**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Buchel, Andre P.**
1.3 STREET ADDRESS **3 East Greenway Plaza, Suite 1600**
1.4 CITY-ST-ZIP **Houston, TX 77046-0391**

2.1 TITLE **T** ☐ Change ☒ Addition

2.2 NAME **May, Richard J.**
2.3 STREET ADDRESS **3 East Greenway Plaza, Suite 1600**
2.4 CITY-ST-ZIP **Houston, TX 77046-0391**

3.1 TITLE **P** ☒ Change ☐ Addition

3.2 NAME **Lunsford, Paul R.**
3.3 STREET ADDRESS **7375 Bush Lake Rd.**
3.4 CITY-ST-ZIP **Minneapolis, MN 55439-2027**

4.1 TITLE **S** ☐ Change ☒ Addition

4.2 NAME **Wise, David S.**
4.3 STREET ADDRESS **3 East Greenway Plaza, Suite 1600**
4.4 CITY-ST-ZIP **Houston, TX 77046-0391**

5.1 TITLE **V** ☒ Change ☐ Addition

5.2 NAME **Thalhuber, Dennis J.**
5.3 STREET ADDRESS **7375 Bush Lake Rd.**
5.4 CITY-ST-ZIP **Minneapolis, MN 55439-2027**

6.1 TITLE **V** ☐ Change ☒ Addition

6.2 NAME **Selman, II, T.C.**
6.3 STREET ADDRESS **3 East Greenway Plaza, Suite 1600**
6.4 CITY-ST-ZIP **Houston, TX 77046-0391**

14. 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 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 on an attachment with an address.

SIGNATURE

David S. Wise, Secretary

7/12/99

713/561-6373

CR2E034 (5/99)

SULZERMEDICA



Sulzer Medica USA Inc.

3 East Greenway Plaza
Suite 1600
Houston, Texas 77046-0391
Main (713) 561-6300

July 15, 1999

VIA CERTIFIED MAIL
P 416 352 045

Ms. Leslie Sellers
Florida Department of State
Annual Report Filings
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Sulzer Spine-Tech Surgical Inc.
No. F98000000196

Dear Ms. Sellers:

On April 27, 1999, I sent the enclosed copy of Profit Corporation Annual Report 1999 on behalf of Spine-Tech Surgical, Inc., Document No. F98000000196, along with check No. 27042669 dated April 22, 1999, in the amount of \$150.00. This report and the check were sent to Annual Report Filings, Division of Corporations, 409 East Gaines Street, Tallahassee, FL 32399, via Federal Express, Airbill No. 790750305880 (copy of Airbill enclosed) and received in Tallahassee on April 28, 1999, 9:33 a.m. by K. Walker (copy of receipt enclosed).

Per our telephone conversation, you were unable to locate the above mentioned Annual Report and check. Our records indicate that the check has not cleared the bank. Therefore, I have stopped payment on check No. 27042669 dated April 22 1999, in the amount of \$150.00 and enclose another check in the amount of \$150.00 as a replacement. I have also completed the Annual Report form that I received as Second Notice since I was not sure if you needed an original, signed Annual Report.

On April 28, 1999, I sent an Amendment to the Certificate of Authority to change the name from Spine-Tech Surgical, Inc. to Sulzer Spine-Tech Surgical Inc. This Amendment was acknowledged on May 4, 1999, by the Amendment Filing Section, Division of Corporations.

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Ms. Leslie Sellers
Florida Department of State
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July 15, 1999
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If you need additional information, please do not hesitate to contact me at 713/561-6373, fax 713/561-6380 or by E-mail Debby.Rickaway@smedica.com.

Sincerely,



Debby Rickaway
Senior Legal Assistant

/dr
Enclosures