

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90032 030 \*\*\*150.00

**DOCUMENT # F98000000196**

1. Entity Name  
**SULZER SPINE-TECH SURGICAL INC.**

**B0049172**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>7375 BUSH LAKE RD. MINNEAPOLIS MN 55439</b>	Mailing Address <b>3 EAST GREENWAY PLAZA SUITE 1600 HOUSTON TX 77046-0391</b>
---	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>41-1890308</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>
---

<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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	<b>D</b> <b>BUCHEL, ANDRE P</b> <b>3 EAST GREENWAY PLAZA, SUITE 1600</b> <b>HOUSTON TX 77046-0391</b>	<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	<b>T</b> <b>MAY, RICHARD J</b> <b>3 EAST GREENWAY PLAZA, SUITE 1600</b> <b>HOUSTON TX 77046-0391</b>	<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	<b>P</b> <b>LUNSFORD, PAUL R</b> <b>7375 BUSH LAKE RD.</b> <b>MINNEAPOLIS MN 55439-2027</b>	<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	<b>S</b> <b>WISE, DAVID S</b> <b>3 EAST GREENWAY PLAZA, SUITE 1600</b> <b>HOUSTON TX 77046-0391</b>	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

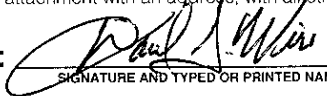
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>THALHUBER, DENNIS J</b> <b>7375 BUSH LAKE RD.</b> <b>MINNEAPOLIS MN 55439-2027</b>	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SELMAN, T.C. II</b> <b>3 EAST GREENWAY PLAZA, SUITE 1600</b> <b>HOUSTON TX 77046-0391</b>	<input checked="" type="checkbox"/> Delete
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>James H. Johnson</b> <b>3 East Greenway Plaza, Suite 1600</b> <b>Houston, TX 77046-0391</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:  **David S. Wise, Secretary** **4/17/01** **713-561-6373**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)