

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91516 027 ***150.00

DOCUMENT # F9800000196
1. Entity Name
SULZER SPINE-TECH SURGICAL INC.

643397

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7375 Bush Lake Rd. Suite, Apt. #, etc.	3. Mailing Address 3 E. Greenway Plaza Suite, Apt. #, etc. Suite 1600
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DO NOT WRITE IN THIS SPACE

City & State Minneapolis, MN	City & State Houston, TX	4. FEI Number 41-1890308	Applied For <input type="checkbox"/> Not Applicable
Zip 55439-2027	Country USA	Zip 77046-0391	Country USA

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dennis C. Wallach 1300 E. Anderson Lane Austin, TX 78752	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gabor-Paul Ondo Leutschenbachstrasse 95 8050 Zurich, Switzerland	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Richard J. May 3 E. Greenway Plaza #1600 Houston, TX 77046-0391	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S David S. Wise 3 East Greenway Plaza #1600 Houston, TX 77046-0391	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS James H. Johnson 3 East Greenway Plaza #1600 Houston, TX 77046-0391	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Dennis J. Thalhuber 7375 Bush Lake Rd. Minneapolis, MN 55439-2027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  David S. Wise, Secretary 4/8/02 713-561-6373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #