

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90006 034 ***150.00

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1. Entity Name
CENTERPULSE SPINE-TECH SURGICAL INC.



Principal Place of Business
**7375 BUSH LAKE RD.
MINNEAPOLIS, MN 55439**

Mailing Address
**12 GREENWAY PLAZA
STE 1000
HOUSTON, TX 77046-0391**

54005900



01132004 Chg-P CR2E034 (10/03)

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
41-1890308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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. 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, 2004 Fee will be \$550.00**

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
MCCORMICK, MIKE
7375 BUSH LAKE RD
MINNEAPOLIS, MN 55439** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/Director
J. Raymond Elliott
345 E. Main Street
Warsaw, IN 46580** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MAY, RICHARD J
12 GREENWAY PLAZA STE 1000
HOUSTON, TX 770460391** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer/Director
James T. Crines
345 E. Main Street
Warsaw, IN 46580** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STAMBACH, CHRISTIAN
ANDREASSTRASSE 15
ZURICH, SW CH-800** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary/Director
David C. Dvorak
345 E. Main Street
Warsaw, IN 46580** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WISE, DAVID S
12 GREENWAY PLAZA STE 1000
HOUSTON, TX 770460391** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Sam R. Leno
345 E. Main Street
Warsaw, IN 46580** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
NORBOM, PAULA JEAN
7375 BUSH LAKE RD
MINNEAPOLIS, MN 55439** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Assistant Secretary
Chad F. Phipps
345 E. Main Street
Warsaw, IN 46580** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
WILKEN-HITT, DAWN
9900 SPECTRUM DR
AUSTIN, TX 78717** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Chad F. Phipps *Chad F. Phipps*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/04
Date

574-371-8505
Daytime Phone #