

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-24-2003 90202 040 \*\*\*150.00

**DOCUMENT # F98000000196**

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



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

Mailing Address  
**3 EAST GREENWAY PLAZA  
SUITE 1600  
HOUSTON TX 77046-0391**



2. Principal Place of Business

3. Mailing Address  
**12 Greenway Plaza**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 1000**

City & State

City & State  
**Houston TX**

Zip

Country

Zip

**77046-01203**

Country  
**USA**

4. FEI Number **41-1890308**

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 SOUTH PINE ISLAND ROAD  
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

TITLE **P** ☒ Delete  
NAME **WALLACH, DENNIS C**  
STREET ADDRESS **1300 E ANDERSON LANE**  
CITY-ST-ZIP **AUSTIN TX 78752**

TITLE **T** ☐ Delete  
NAME **MAY, RICHARD J**  
STREET ADDRESS **3 EAST GREENWAY PLAZA, SUITE 1600**  
CITY-ST-ZIP **HOUSTON TX 77046-0391**

TITLE **D** ☒ Delete  
NAME **ONDO, GABOR-PAUL**  
STREET ADDRESS **LEUTSCHENBACHSTRASSE 95**  
CITY-ST-ZIP **ZURICH SW 8050**

TITLE **S** ☐ Delete  
NAME **WISE, DAVID S**  
STREET ADDRESS **3 EAST GREENWAY PLAZA, SUITE 1600**  
CITY-ST-ZIP **HOUSTON TX 77046-0391**

TITLE **V** ☒ Delete  
NAME **THALHUBER, DENNIS J**  
STREET ADDRESS **7375 BUSH LAKE RD.**  
CITY-ST-ZIP **MINNEAPOLIS MN 55439-2027**

TITLE **AS** ☒ Delete  
NAME **JOHNSON, JAMES H**  
STREET ADDRESS **3 EAST GREENWAY PLAZA, SUITE 1600**  
CITY-ST-ZIP **HOUSTON TX 77046-0391**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Mike McCormick**  
STREET ADDRESS **7375 Bush Lake Rd**  
CITY-ST-ZIP **Minneapolis MN 55439-2027**

TITLE **D** ☒ Change ☐ Addition  
NAME **12 Greenway Plaza Suite 1000**  
STREET ADDRESS **Houston TX 77046-1203**

TITLE **D** ☒ Change ☐ Addition  
NAME **Christian Stambach**  
STREET ADDRESS **Andreasstrasse 15**  
CITY-ST-ZIP **CH-8050 Zurich Switzerland**

TITLE **D** ☒ Change ☐ Addition  
NAME **12 Greenway Plaza Suite 1000**  
STREET ADDRESS **Houston TX 77046-1203**

TITLE **V** ☒ Change ☐ Addition  
NAME **Paula Jean Norbom**  
STREET ADDRESS **7375 Bush Lake Rd**  
CITY-ST-ZIP **Minneapolis MN 55439-2027**

TITLE **AS** ☒ Change ☐ Addition  
NAME **Dawn Hitt-Wilken**  
STREET ADDRESS **9900 Spectrum Drive**  
CITY-ST-ZIP **Austin TX 78717**

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: **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)