

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

0624425 AT

DOCUMENT # F99000003167

1. Entity Name
BIOMET ORTHOPEDICS, INC.

02-26-2002 90087 011 ***150.00

Principal Place of Business
P.O. BOX 587
WARSAW IN 46581

Mailing Address
P.O. BOX 587
WARSAW IN 46581



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
35-2074037

Applied For
 Not Applicable

Zip Country

Zip Country

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.

SIGNATURE

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

(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, 2002 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
PD
MILLER, DANE A
16 STONE CAMP TRAIL
WINONA LAKE IN 46590

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
HANN, DANIEL P
1814 HOBART COURT
WARSAW IN 46580

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
HARTMAN, GREGORY D
59625 CR 13
ELKHART IN 46517

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

Daniel P. Hann
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daniel P. Hann

2/6/02

(574) 267-6639

Date

Daytime Phone #

CR2E034 (9/01)

ATTACHMENT

DOC# F990003167

413040



CORPORATE HEADQUARTERS

February 7, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Biomet, Inc. and Biomet Orthopedics, Inc.

Dear Sir or Madam:

Enclosed please find the 2002 Uniform Business Reports for the above-referenced corporations, along with two checks in the amount of \$150.00 each representing the respective filing fees.

If you have any questions, please feel free to contact me. Thank you for your assistance.

Very truly yours,

A handwritten signature in cursive script, reading "Jacqueline K. Huber". The ink is black and the signature is fluid and legible.

Jacqueline K. Huber
Corporate Paralegal
Biomet, Inc.

sa

Encl.

MAILING ADDRESS
P.O. Box 587
Warsaw, IN 46581-0587

SHIPPING ADDRESS
56 E. Bell Drive
Warsaw, IN 46582

OFFICE
219.267.6639

FAX
219.267.8137

E-MAIL
biomet@biomet.com