2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004
Secretary of State

DOCUMENT# F99000003167

Entity Name: BIOMET ORTHOPEDICS, INC.

Current Principal Place of Business:

P.O. BOX 587
WARSAW, IN 46581

New Principal Place of Business:

AIRPORT INDUSTRIAL PARK
WARSAW, IN 46580 US

Current Mailing Address:

P.O. BOX 587
WARSAW, IN 46581

New Mailing Address:

P.O. BOX 587
WARSAW, IN 46581 US

FEI Number: 35-2074037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MILLER, DANE A
Address: 16 STONE CAMP TRAIL
City-St-Zip: WINONA LAKE, IN 46590

Title: SD ( ) Delete
Name: HANN, DANIEL P
Address: 1814 HOBART COURT
City-St-Zip: WARSAW, IN 46580

Title: TD ( ) Delete
Name: HARTMAN, GREGORY D
Address: 59625 CR 13
City-St-Zip: ELKHART, IN 46517

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: KOLTER, WILLIAM C
Address: AIRPORT INDUSTRIAL PARK
City-St-Zip: WARSAW, IN 46580

Title: VP ( ) Change (X) Addition
Name: MONTGOMERY, DAVID L
Address: AIRPORT INDUSTRIAL PARK
City-St-Zip: WARSAW, IN 46580

Title: VP ( ) Change (X) Addition
Name: ALLEN, THOMAS R
Address: AIRPORT INDUSTRIAL PARK
City-St-Zip: WARSAW, IN 46580

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL P. HANN SD 03/19/2004

Electronic Signature of Signing Officer or Director Date