

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90067 007 ***150.00

DOCUMENT # G11135

1. Corporation Name
SULZER OSCOR INC.

Principal Place of Business
3816 DE SOTO BLVD.
P.O. BOX 459
PALM HARBOR FL 34682-7459

Mailing Address
Sulzer Medica USA Inc. Legal Dept.
Sulzer Medica USA Inc. Legal Dept.
4000 TECHNOLOGY DR.
ANGLETON TX 77515
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1982

4. FEI Number

59-2276224

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME DELVECCHIO, JOSEPH
STREET ADDRESS 3816 DESOTO BLVD.
CITY-ST-ZIP PALM HARBOR FL

DELETE

TITLE DP
NAME GARCIA, JOHN
STREET ADDRESS 4000 TECHNOLOGY DRIVE
CITY-ST-ZIP ANGLETON TX

DELETE

TITLE T
NAME WESTBROOK, PAMELA B
STREET ADDRESS 4000 TECHNOLOGY DRIVE
CITY-ST-ZIP ANGLETON TX 77515-4000

DELETE

TITLE S
NAME PANITZ, LAWRENCE H
STREET ADDRESS 4000 TECHNOLOGY DRIVE
CITY-ST-ZIP ANGLETON TX 77515-4000

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Donald J. Schortgen
1.3 STREET ADDRESS 4000 Technology Drive
1.4 CITY-ST-ZIP Angletn, TX 77515

Change Addition

2.1 TITLE T
2.2 NAME Richard J. May
2.3 STREET ADDRESS 3 East Greenway Plaza, Ste. 1600
2.4 CITY-ST-ZIP Houston, TX 77046-0391

Change Addition

3.1 TITLE V
3.2 NAME T.C. Selman, II
3.3 STREET ADDRESS 3 East Greenway Plaza, Ste. 1600
3.4 CITY-ST-ZIP Houston, TX 77046-0391

Change Addition

4.1 TITLE S
4.2 NAME David S. Wise
4.3 STREET ADDRESS 3 East Greenway Plaza, Ste. 1600
4.4 CITY-ST-ZIP Houston, TX 77046-0391

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David S. Wise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Wise, Secretary 1/19/99

713/561-6373

Date

Daytime Phone #

CR2E034 (11/98)

0559241