FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P12960** **(1)**

1. Corporation Name
KIRSCHNER MEDICAL CORPORATION

Principal Place of Business	Mailing Address
~~9690 DEERECO ROAD~~ ~~SUITE 600~~ ~~TIMONIUM MD 21093~~	~~9690 DEERECO ROAD~~ ~~SUITE 600~~ ~~TIMONIUM MD 21093~~

3. Date Incorporated or Qualified: 01/21/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 10720 Gilroy Rd.
Suite, Apt. #, etc.
22
City & State
23 Hunt Valley, MD
Zip 24 21031 Country 25

2a. Mailing Address
26 10720 Gilroy Rd.
Suite, Apt. #, etc.
27
City & State
28 Hunt Valley, MD
Zip 29 21031 Country 30

4. FEI Number: 52-1319702 ☐ 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 has liability for intangible tax under s. 193.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature required from registered agent if agent is changing. NOTE: Registered Agent signature not required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ ~~PARKER, LEWIS~~ ~~9690 DEERECO RD~~ ~~TIMONIUM MD~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GOUNARIS, NICHOLAS L ~~9690 DEERECO RD~~ ~~TIMONIUM MD~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☒ Change ☐ Addition 6 Upper Pond Rd. Parsippany, NJ 07054-3046
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, DANE A. AIRPORT INDUSTRIAL PARK WARSAW IN	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANN, DANIEL P. AIRPORT INDUSTRIAL PARK WARSAW IN	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GITT, WARREN ~~9690 DEERECO RD~~ ~~TIMONIUM MD~~	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☒ Change ☐ Addition 10720 Gilroy Rd. Hunt Valley, MD 21031
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARTMAN, GREGORY D. AIRPORT INDUSTRIAL PARK WARSAW IN	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Lauren M. Gitt Vice President — 5/29/96 — 410-527-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)