

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P12960 (1)
1. Corporation Name
KIRSCHNER MEDICAL CORPORATION



Principal Place of Business 10720 GILROY ROAD HUNT VALLEY MD 21031 US	Mailing Address 10720 GILROY RD HUNT VALLEY MD 21031 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Airport Industrial Park Suite, Apt. #, etc. City & State 23 Warsaw, IN Zip 24 46580	2a. Mailing Address 26 P.O. Box 587 Suite, Apt. #, etc. City & State 28 Warsaw, IN Zip 29 46581-0587	3. Date Incorporated or Qualified 01/21/1987	3a. Date of Last Report 06/05/1996	4. FEI Number 52-1318702	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PARKER, LEWIS 9090 DEERE RD TIMONUM MD	1.1 TITLE	P Miller, Dane A.
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	Airport Industrial Park
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Warsaw, IN 46580
TITLE	VS GOUNARIS, NICHOLAS L 6 UPPER POND RD PARSIPANY NJ 46	2.1 TITLE	Asst. S
NAME		2.2 NAME	Hann, Daniel P.
STREET ADDRESS		2.3 STREET ADDRESS	Airport Industrial Park
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Warsaw, IN 46580
TITLE	D MILLER, DANE A. AIRPORT INDUSTRIAL PARK WARSAW IN	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D HANN, DANIEL P. AIRPORT INDUSTRIAL PARK WARSAW IN	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V GITT, WARREN 10720 GILROY RD HUNT VALLEY MD	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD HARTMAN, GREGORY D. AIRPORT INDUSTRIAL PARK WARSAW IN	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ (219) 267-6639
8/16/97 (219) 267-6639

CR2E034 (4/97)