

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27358

FILED
Apr 29, 2009
Secretary of State

Entity Name: HOWMEDICA OSTEONICS CORP.

Current Principal Place of Business:

325 CORPORATE DR.
MAHWAH, NJ 07430

New Principal Place of Business:

Current Mailing Address:

2825 AIRVIEW BLVD
KALAMAZOO, MI 49002

New Mailing Address:

FEI Number: 22-2183590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: P () Delete
Name: MOGUL, MICHAEL P
Address: 325 CORPORATE DR.
City-St-Zip: MAHWAH, NJ 07430 US

Title: D () Delete
Name: MACMILLAN, STEPHEN P
Address: 2825 AIRVIEW BLVD
City-St-Zip: KALAMAZOO, MI 49002 US

Title: D () Delete
Name: BERGY, DEAN H
Address: 2825 AIRVIEW BLVD
City-St-Zip: KALAMAZOO, MI 49002 US

Title: D () Delete
Name: LAWSON, JAMES R
Address: 325 CORPORATE DR
City-St-Zip: MAHWAH, NJ 07430 US

Title: VP T () Delete
Name: LUM, ERIC
Address: 2825 AIRVIEW BLVD
City-St-Zip: KALAMAZOO, MI 49002 US

Title: S () Delete
Name: WINKEL, THOMAS R
Address: 2825 AIRVIEW BLVD
City-St-Zip: KALAMAZOO, MI 49002 US

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: () Change () Addition
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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ERC LUM

VP T

04/29/2009

Electronic Signature of Signing Officer or Director

Date