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| No. C 97497 | | Due no later than Jan 31, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. DEPUY ORTHOPAEDICS, INC. MICHELLE COX TAX DEPARTMENT PO BOX 988 WARSAW IN 46581-0988 | | CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702- USA | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT | DAVID FLOYD | 700 ORTHOPAEDIC DRIVE | WARSAW | IN | USA | 46581-0988 |
| SECRETARY | MARK T PIAZZA | 700 ORTHOPAEDIC DRIVE | WARSAW | IN | USA | 46581-0988 |
| DIRECTOR | DAVID FLOYD | 700 ORTHOPAEDIC DRIVE | WARSAW | IN | USA | 46581-0988 |
| DIRECTOR | MARK T PIAZZA | 700 ORTHOPAEDIC DRIVE | WARSAW | IN | USA | 46581-0988 |
| 5. Organized Under the Laws of: IN C 97497 | | 6. Annual Report must be signed.* Signature: Mark T. Piazza Name (type or print): Mark T. Piazza Date: 01/06/2009 Title: Secretary | | | | |
| Processed 01/06/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | |