

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001611

Entity Name: BIOMET, INC.

Current Principal Place of Business:

56 EAST BELL DRIVE
WARSAW, IN 46582

Current Mailing Address:

C/O ZIMMER, INC. - CORPORATE SECRETARY'S OFFICE
345 E. MAIN ST.
WARSAW, IN 45680 US

FEI Number: 35-1418342

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title DIRECTOR, SECRETARY, SENIOR VP
Name PHIPPS, CHAD F.
Address 345 E. MAIN ST.
City-State-Zip: WARSAW IN 45680

Title PRESIDENT, DIRECTOR
Name FLORIN, DANIEL P.
Address 345 E. MAIN ST.
City-State-Zip: WARSAW IN 45680

Title VP
Name FUREY, ADRIAN
Address 56 EAST BELL DRIVE
City-State-Zip: WARSAW IN 46582

Title VP, ASST. SECRETARY
Name KIDWELL, HEATHER J.
Address 345 E. MAIN ST.
City-State-Zip: WARSAW IN 45680

Title VP
Name LEVY, HOWARD
Address 56 EAST BELL DRIVE
City-State-Zip: WARSAW IN 46582

Title VP, ASST. TREASURER
Name NORRIS, MICHAEL E.
Address 345 E. MAIN ST.
City-State-Zip: WARSAW IN 45680

Title VP, CONTROLLER
Name COLLINS, TONY W.
Address 345 E. MAIN ST.
City-State-Zip: WARSAW IN 46580

Title VP, TREASURER
Name WALL, MICHAEL
Address 56 EAST BELL DRIVE
City-State-Zip: WARSAW IN 46582

I hereby 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 all other like empowered.

SIGNATURE: HEATHER J. KIDWELL

ASSISTANT SECRETARY 01/22/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date