

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000000097

FILED
Jan 15, 2014
Secretary of State
CC9645156565

Entity Name: ORTHOPEDIATRICS US DISTRIBUTION CORP.

Current Principal Place of Business:

2850 FRONTIER DRIVE
WARSAW, IN 46582

Current Mailing Address:

2850 FRONTIER DRIVE
WARSAW, IN 46582

FEI Number: 90-0911489

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 D
Name ARMSTRONG, PETER F
Address 2850 FRONTIER DRIVE
City-State-Zip: WARSAW IN 46582

Title D/VP
Name BAILEY, DAVID R
Address 2850 FRONTIER DRIVE
City-State-Zip: WARSAW IN 46582

Title D
Name BERRY, BERNIE B
Address 2850 FRONTIER DRIVE
City-State-Zip: WARSAW IN 46582

Title D
Name HUGHES, BRYAN
Address 2850 FRONTIER DRIVE
City-State-Zip: WARSAW IN 46582

Title VP
Name GERRITZEN, DANIEL J
Address 2850 FRONTIER DRIVE
City-State-Zip: WARSAW IN 46582

Title CHAIRMAN
Name SCHLOTTERBACK, TERRY D
Address 2850 FRONTIER DRIVE
City-State-Zip: WARSAW IN 46582

Title PRESIDENT AND CEO
Name THRODAHL, MARK C
Address 2850 FRONTIER 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: DANIEL J. GERRITZEN

**VP AND GENERAL
COUNSEL**

01/15/2014

Electronic Signature of Signing Officer/Director Detail

Date