

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000097

**FILED**  
**Mar 11, 2015**  
**Secretary of State**  
**CC553153380**

**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:** No

**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/VP	Title	SECRETARY
Name	BAILEY, DAVID R	Name	GERRITZEN, DANIEL J
Address	2850 FRONTIER DRIVE	Address	2850 FRONTIER DRIVE
City-State-Zip:	WARSAW IN 46582	City-State-Zip:	WARSAW IN 46582
Title	CHAIRMAN	Title	PRESIDENT AND CEO
Name	SCHLOTTERBACK, TERRY D	Name	THRODAHL, MARK C
Address	2850 FRONTIER DRIVE	Address	2850 FRONTIER DRIVE
City-State-Zip:	WARSAW IN 46582	City-State-Zip:	WARSAW IN 46582
Title	TREASURER, VP	Title	VP
Name	MILLER, STEVE	Name	ODLE, GREGORY A
Address	2850 FRONTIER DRIVE	Address	2850 FRONTIER DRIVE
City-State-Zip:	WARSAW IN 46582	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

**SECRETARY**

**03/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date