

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P37346 (4)**
1. Corporation Name
DEPUY INC.



Principal Place of Business
**700 ORTHOPAEDIC DR
WARSAW IN 46581
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
Warsaw, Indiana
46581-0988
U.S.

2a. Mailing Address
26 **P.O. Box 988**
27 Suite, Apt. #, etc.
28 **Warsaw, Indiana**
29 Zip
30 **U.S.**

3. Date Incorporated or Qualified **02/03/1992**
3a. Date of Last Report **04/27/1995**
4. FEI Number **35-1843282**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent or director, if applicable

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LENT, JAMES A.	
STREET ADDRESS	700 ORTHOPAEDIC DR	
CITY-STATE-ZIP	WARSAW IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCAFFREY, MICHAEL	
STREET ADDRESS	700 ORTHOPAEDIC DR	
CITY-STATE-ZIP	WARSAW IN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TIDMORE, WILLIAM	
STREET ADDRESS	700 ORTHOPAEDIC DR	
CITY-STATE-ZIP	WARSAW IN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PETROVIC, WILLIAM	
STREET ADDRESS	9115 HAGUE RD	
CITY-STATE-ZIP	INDIANAPOLIS IN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEWARD, TAYLOR	
STREET ADDRESS	700 ORTHOPAEDIC DR	
CITY-STATE-ZIP	WARSAW IN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OBERHAUSEN, THOMAS J.	
STREET ADDRESS	1 SHIRE OAK ST	
CITY-STATE-ZIP	LEEDS UK	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

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*****200.00**

**700 Orthopaedic Drive
Warsaw, IN 46581**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas J. Oberhausen* **Thomas J. Oberhausen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Sr. V. President**
Finance

(219)372-7458
SG-4-4-96

CR2E034 (12/95)