

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P37346

**Entity Name:** DEPUY ORTHOPAEDICS, INC.

**Current Principal Place of Business:**

700 ORTHOPAEDIC DRIVE  
WARSAW, IN 46581

**Current Mailing Address:**

700 ORTHOPAEDIC DRIVE  
WARSAW, IN 46581 US

**FEI Number: 35-1843282**

**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 VP, SECRETARY, DIRECTOR  
Name RYAN, SCOTT R  
Address 700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46581

Title VP, TREASURER, CFO  
Name BATESKO, PETER III  
Address 700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46581

Title PRESIDENT  
Name EKDAHL, ANDREW K  
Address 700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46581

*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: SCOTT R RYAN**

**VP, SECRETARY,  
DIRECTOR**

**04/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date