

CUSTOMER NO. 45488

FORM PTO-1595
(Rev. 10/02)

RECORDATION FORM COVER SHEET

U.S. Department of Commerce

OMB No. 0651-0027 (exp. 6/30/2005)

PATENTS ONLY

Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party:

CENTERPULSE BIOLOGICS INC.

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

☐ Assignment☐ Merger☐ Security Agreement☒ Change of Name☐ Other

Execution Date: April 28, 2004

2. Name and address of receiving party:

Name: ZIMMER ORTHOBIOLOGICS, INC.

Internal Address:

Street Address: 12024 Vista Parke Drive

City: Austin State: Texas Zip: 78726

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No.(s):

10/793,421

10/027,015

B. Patent No.(s):

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Kenneth D. Goodman

Williams, Morgan & Amerson, P.C.

10333 Richmond, Suite 1100

City: Houston State: Texas Zip: 77042

6. Total number of applications and patents involved: 2

7. Total fee (37 C.F.R. 3.41) \$ 80.00

☐ Enclosed☒ Authorized to be charged to deposit account

8. Deposit account number: 50-0786/2103.000100KDG

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Kenneth D. Goodman



12/08/04

Name of Person Signing, Reg. No. 30,460

Signature

Date

Total number of pages including cover sheet, attachments and documents: 4

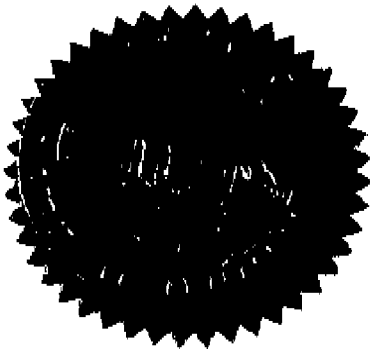
CERTIFICATE OF FACSIMILE
37 C.F.R. § 1.6(d)I hereby certify that this paper is being facsimile transmitted to Mail Stop Assignment Recordation Services, Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile number 1-703-306-5995, on this 8th day of December, 2004.
Cynde Meinhardt

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
CERTIFICATE OF NAME CHANGE

ZIMMER ORTHOBIOLOGICS, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify, that on 29th day of April, 2004,
a name change certificate was duly filed in this
office, changing the business name from:
Centerpulse Biologics Inc.
to:
Zimmer Orthobiologics, Inc.*

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
7th day of June, 2004



A handwritten signature in cursive script, appearing to read "John E. McCormac".

John E McCormac, CPA
Treasurer

REG-C-EA
(02-02)STATE OF NEW JERSEY
DIVISION OF REVENUE
BUSINESS ENTITY AMENDMENT FILING
(Fee Required)Mail to:
PO Box 308
Trenton, NJ 08625

Fill out all applicable information below and sign in the space provided. Please note that once filed, the information on this page is considered public. Refer to the instructions for delivery/return options, filing fees and field-by-field requirements. Remember to fill in the appropriate fee amount for this filing. Use attachments if more space is required for any field, or if you wish to add articles for the public record.

A. Business Name: Centerpulse Biologics Inc.B. Statutory Authority for Amendment: N.J.S.A. 14A:9-1 et seq.

C. ARTICLE FIRST OF THE CERTIFICATE of Incorporation ☒ Formation ☐ Registration ☐ Authority ☐ Limited Partnership ☐ of the above-referenced business is amended to read as follows: (Use attachment if more space is required)
The name of the Corporation is Zimmer Orthobiologics, Inc.

D. Other Provisions: (Optional)

E. Date Amendment was Adopted: 4/28/04

F. CERTIFICATION OF CONSENT/VOTING: (If required by one of the laws cited below, certify consent/voting)
N.J.S.A. 14A:9-1 et seq. or N.J.S.A. 15A:9-1 et seq., Profit and Non-Profit Corps. Amendment by the Incorporators
Amendment was adopted by unanimous consent of the Incorporators.

N.J.S.A. 14A:9-2(4) and 14A:9-4(3), Profit Corps., Amendment by the Shareholders

* Amendment was adopted by the Directors and thereafter adopted by the shareholders.

Number of shares outstanding at the time the amendment was adopted 100, and total number of shares entitled to vote thereon 100. If applicable list the designation and number of each class/series of shares entitled to vote:

List votes for and against and if applicable, show the vote by designation and number of each class/series of shares entitled to vote:

Number of Shares Voting for Amendment
100

Number of Shares Voting Against Amendment
- 0 -

** If the amendment provides for the exchange, reclassification, or cancellation of issued shares, attach a statement indicating the manner in which same shall be effected.

N.J.S.A. 15A:9-4, Non-profit Corps., Amendment by Members or Trustees

The corporation has ☐ does not have ☐ members.

If the corporation has members, indicate the number entitled to vote _____, and how voting was accomplished:

At a meeting of the corporation. Indicate the number VOTING FOR _____ and VOTING AGAINST _____. If any class(es) of members may vote as a class, set forth the number of members in each class, the votes for and against by class, and the number present at the meeting:
Class _____ Number of Members _____ Voting for Amendment _____ Voting Against Amendment _____

Adoption was by unanimous written consent without a meeting.

If the corporation does not have members, indicate the total number of Trustees _____, and how voting was accomplished:

At a meeting of the corporation. The number of Trustees VOTING FOR _____ and VOTING AGAINST _____
Adoption was by unanimous written consent without a meeting.

G. AGENT/OFFICE CHANGE

New Registered Agent: _____

Registered Office: (Must be a NJ street address)

Street _____ City _____ Zip _____

H. SIGNATURE(S) FOR THE PUBLIC RECORD (See Instructions for Information on Signature Requirements)

Signature [Signature] Title President Date 4/28/04

Signature _____ Title _____ Date _____

The above-signed certifies that the business entity has complied with all applicable NJ statutory filing requirements

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