



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 23300		2. Name of Corporation DAVOL INC.			
3. Street Address Principal Business Office 730 Central Avenue			City Murray Hill	State NJ	Zip 07974
4. Business Phone No. 908 - 277 - 8271		5. State of Incorporation DELAWARE			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURER OF HEALTHCARE PRODUCTS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brian P. Kelly			Vice President Name John H. Weiland		
Street Address 125 Juniper Drive			Street Address 395 Princeton Avenue		
City E. Greenwich	State RI	Zip 02818	City Brick	State NJ	Zip 08724
Secretary Name Nadia J. Bernstein			Treasurer Name Scott T Lowry		
Street Address 1 Sunnyside Court			Street Address 6 Brannick Drive		
City Briarcliff Manor	State NY	Zip 10510	City Madison	State NJ	Zip 07940
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John H. Weiland			Director Name Todd C Schermerhorn		
Street Address 395 Princeton Avenue			Street Address 5 Langford Drive		
City Brick	State NJ	Zip 08724	City Mendham	State NJ	Zip 07945
Director Name Nadia J. Bernstein			Director Name Brian P. Kelly		
Street Address 1 Sunnyside Court			Street Address 125 Juniper Drive		
City Briarcliff Manor	State NY	Zip 10510	City E Greenwich	State RI	Zip 02818
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			100		0.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date 2/17/04
Check No. 58247
By: CS
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Scott T Lowry Date 2/2/04
Print or Type Name of Officer Scott T Lowry
Title of Officer Treasurer