



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 117841		2. Name of Corporation BSN Medical, Inc.		
3. Street Address Principal Business Office 5825 CARNEGIE BLVD.			City CHARLOTTE	State NC
4. Business Phone No. 704-331-0600		5. State of Incorporation DELAWARE		Zip 28209-4633
6. SIC Code				
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE, SELL, AND DISTRIBUTE CASTING PRODUCTS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DARRELL K JENKINS			Vice President Name n/a	
Street Address 5825 CARNEGIE BLVD			Street Address	
City CHARLOTTE	State NC	Zip 28209-4633	City	State
Secretary Name STEPHEN C. BROWN			Treasurer Name STEPHEN C. BROWN	
Street Address 5825 CARNEGIE BLVD			Street Address 5825 CARNEGIE BLVD	
City CHARLOTTE	State NC	Zip 28209-4633	City CHARLOTTE	State NC
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name DARRELL K JENKINS			Director Name STEPHEN C. BROWN	
Street Address 5825 CARNEGIE BLVD			Street Address 5825 CARNEGIE BLVD	
City CHARLOTTE	State NC	Zip 28209-4633	City CHARLOTTE	State NC
Director Name			Director Name	
Street Address			Street Address	
City	State	Zip	City	State
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
100 COMM NO PAR VALUE			95	Common
				NO PAR VALUE

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



117841

File Date 2-22-05
Check No. 611697
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 Stephen C. Brown Date 2-15-05
Print or Type Name of Officer Stephen C. Brown
Title of Officer Secretary / Treasurer

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

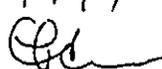
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 117841		2. Name of Corporation BSN MEDICAL, INC.			
3. Street Address Principal Business Office 5825 CARNEGIE BOULEVARD			City CHARLOTTE	State NC	Zip 28209-4633
4. Business Phone No. 704-331-0600		5. State of Incorporation DE			6. SIC Code NAICS 423450
7. Brief Description of the Character of Business Conducted in Rhode Island To manufacture, sell and distribute casting and splinting medical supplies					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Darrell K. Jenkins			Vice President Name		
Street Address 727 N. Country Club Drive			Street Address		
City Cullowhee	State NC	Zip 28723	City	State	Zip
Secretary Name Stephen C. Brown			Treasurer Name Stephen C. Brown		
Street Address 1062 Elizabeth Manor Court			Street Address 1062 Elizabeth Manor Court		
City Matthews	State NC	Zip 28105	City Matthews	State NC	Zip 28105
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Darrell K. Jenkins			Director Name Stephen C. Brown		
Street Address 727 N. Country Club Drive			Street Address 1062 Elizabeth Manor Court		
City Cullowhee	State NC	Zip 28723	City Matthews	State NC	Zip 28105
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Common	No Par Value	95	Common	No Par Value

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

File Date	2/17/04
Check No.	7797
By:	
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.

 2-13-04
Signature of Officer Date
DARRELL K. JENKINS
Print or Type Name of Officer
PRESIDENT
Title of Officer



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *117841*		2. Name of Corporation BSN Medical, Inc.			
3. Street Address Principal Business Office 5825 CARNEGIE BOULEVARD			City CHARLOTTE	State NC	Zip 28209-4633
4. Business Phone No. 7043310600		5. State of Incorporation DELAWARE			6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
TO MANUFACTURE, SELL, AND DISTRIBUTE CASTING PRODUCTS.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Darrell K. Jenkins			Vice President Name		
Street Address 727 N. Country Club Drive			Street Address		
City Cullowhee	State NC	Zip 28723	City	State	Zip
Secretary Name Stephen C. Brown			Treasurer Name Stephen C. Brown		
Street Address 1062 Elizabeth Manor Court			Street Address 1062 Elizabeth Manor Court		
City Matthews	State NC	Zip 28105	City Matthews	State NC	Zip 28105

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Darrell K. Jenkins			Director Name Stephen C. Brown		
Street Address 727 N. Country Club Drive			Street Address 1062 Elizabeth Manor Court		
City Cullowhee	State NC	Zip 28723	City Matthews	State NC	Zip 28105
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			95	Comm	0

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



* 1 1 7 8 4 1 *

117841 FBC2/26/031:49:46 PM
File Date 3-6-03
Check No. 5489
By: IUP
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.

Stephen C. Brown 3/3/2003
Signature of Officer Date
STEPHEN C. BROWN
Print or type name of Officer
SECRETARY / TREASURER
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **117841** 2. Name of Corporation **BSN Medical, Inc.**
3. Street Address Principal Business Office **5825 Carnegie Blvd.** City **Charlotte** State **NC** Zip **28209**
4. Business Phone No. **704-331-0600** 5. State of Incorporation **DELAWARE** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Sell & distribute splinting and casting products

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Dannell K. Jenkins**
Street Address **727 N. Country Club Drive**
City **Cullowhee** State **NC** Zip **28723**

Vice President Name
Street Address
City State Zip

Secretary Name **Stephen C. Brown**
Street Address **1063 Elizabeth Manor Court**
City **Matthews** State **NC** Zip **28105**

Treasurer Name **Stephen C. Brown**
Street Address **1063 Elizabeth Manor Court**
City **Matthews** State **NC** Zip **28105**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Dannell K. Jenkins**
Street Address **727 N. Country Club Drive**
City **Cullowhee** State **NC** Zip **28723**

Director Name **Stephen C. Brown**
Street Address **1063 Elizabeth Manor Court**
City **Matthews** State **NC** Zip **28105**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	100	COMM NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	95	Comm	0

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



* 1 1 7 8 4 1 *

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 **Dannell K. Jenkins** Date **5 March 02**

Print or Type Name of Officer **Dannell K. Jenkins**

Title of Officer **President**

File Date: **3/21/02**

Check No.: **2744**

By: **GAD**