

|   |  |       |            |        |       |
|---|--|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>ORTHOFIX INC.</b>   | DUE DATE: <b>10/31/2012</b>  |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>NATIONAL REGISTERED AGENTS INC<br/>4701 COX ROAD, SUITE 301<br/>GLEN ALLEN, VA 23060</b> | SCC ID NO: <b>F1230723</b>   |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>  | 5.) STOCK INFORMATION<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS   | AUTHORIZED   |       |            |        |       |
| COMMON  | 1,000  |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>MN</b>   |  |       |            |        |       |

|   |  |
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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 3451 PLANO PARKWAY<br><br>CITY/ST/ZIP: LEWISVILLE, TX 75056 |  |
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|  |                                     |         |                                     |          |
|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: ROBERT VATERS<br>TITLE: PRESIDENT, CEO<br>ADDRESS: 3451 PLANO PARKWAY<br>CITY/ST/ZIP/CO: LEWISVILLE, TX 75056  | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: JEFFREY M SCHUMM<br>TITLE: SVP, SEC, GC<br>ADDRESS: 3451 PLANO PARKWAY<br>CITY/ST/ZIP/CO: LEWISVILLE, TX 75056 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: BRIAN MCCOLLUM<br>TITLE: CFO, SVP<br>ADDRESS: 3451 PLANO PARKWAY<br>CITY/ST/ZIP/CO: LEWISVILLE, TX 75056       | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|  |                                     |           |
|--|-------------------------------------|-----------|
| /s/ JEFFREY M SCHUMM                                   | JEFFREY M SCHUMM, SVP, SEC,<br>GC   | 9/13/2012 |
| SIGNATURE OF DIRECTOR/OFFICER<br>LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE<br>TITLE | DATE      |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.