Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Has this registrant previously registered

2. House Identification Number \_

with the Office of the Clerk?

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE 05 FEB -1 PM

01/06/200

1. Effective Date of Registration \_\_\_\_\_

Senate Identification Number

## **LOBBYING REGISTRATION**

Yes

☑ No

Lobbying Disclosure Act of 1995 (Section 4)

REGISTRAN	T				· · · · · · · · · · · · · · · · · · ·
3. Registrant na	me Organization Zimme	r Holdings, Inc.			
Address P.C	). Box 708	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
City Wa	rsaw	State	IN	Zip 46581-0708	US
4. Principal pla	ce of business (if differen	***************************************	,		
• •	shington	State	DC	Zip 20004	US
5. Telephone nu	ımber and contact name		Name	,,,	
2026	6241511 Con		ris Cerone	E-mail chris.cerd	ne@zimmer.com
	ription of registrant's bus	iness or activitie	S		
lahe	obbying firm is required to file a sepled "Self" and proceed to line 10.  Zimmer Holdings, Inc.	oarate registration for  Self	each client. <b>Orga</b> i	sizations employing in-house	lobbyists should check the h
Address		****	*******************************	,	
City		State		Zip	Country
8. Principal pla	ce of business (if differen	t than line 7)	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City		State		Zip	Country
9. General desc	ription of client's busines	s or activities			
LOBBYISTS					
section has se	h individual who has acted of erved as a "covered executive or the client, state the executive Name Last	e branch official"	or "covered legive position(s) is	islative branch official"	within two years of fir ed.
Chris	Cerone	Mr.	VP, G	overnment Affairs	
LD-1DS (Rev. 0403)	Filing #922a5b01-e92	0-4ef1-9547-323		ge 1 of 6	Page 1

Registrant Name	e Zimmer Holdings, Inc.			Client Name Zimmer Holdings, Inc.					
LOBBYIN		-	ne code to			nuctions and or	n the rev	erse side of Form LD	 -1_na
HCR	MAN	MED	МММ		•×	TOR	TRD		-, pu
Implementa	ation of Me	es (current and an dicare Modernia n of Medical De	zation Act				Branch	support of Japan ρ	ricing
13. Is there an	entity other		hat contribu				-	tivities of the registrate's lobbying activities	
No ⇔ Go to line 14.				Yes Complete the rest of this section for each entity matching criteria above, then proceed to line 14.					
***************************************	Name	,,,,,		Addre	SS	*******************************		Principal place of Busines (city and state or country	
b)	y foreign e holds at lead directly or i the client or is an affiliat lobbying ac	ntity that: st 20% equitable ndirectly, in who any organization te of the client or	ole or in ma n identified any organi	jor part, pla on line 13;	ns, supe	ervises, control in line 13 and h  Complete	ls, direct as a direct the rest of the criter	I on line 13: <b>OT</b> s, finances or subsidic  ct interest in the outco  of this section for each  ia above, then sign an	ome of
Nam	e	Street Address City	Address State/Provin	ice Country		rincipal place of business and state or coun		Amount of contribution for lobbying activities	<b>О</b> рх 1
Printed Name	and Title	Chris Ceron	e VP,	Governm	ent Aff	fairs		Jais Or	ve

Registrant Name Zimmer Holdings, Inc.			Client Name Zimmer Hol	Client Name Zimmer Holdings, Inc.		
ADDITIONAL	LOBBYISTS					
0 Supplemental. L		yists for this client i	not listed on page 1, number 10			
First	Name Last	Suffix	Covered Official I	Position (if applicable)		
			,,,,,,,,			
		······································				
ADDITIONAL	L LOBBYING I	SSUES				
			litional codes for issues not list	ted on page 2, number 11.		
Find the code to	select below.					
AFFILIATED	ORGANIZAT	IONS				
3 Supplemental.	List any other affiliate	ed organization that	meets the criteria specified and	l is not listed on page 2, numl		
Name		· · · · · · · · · · · · · · · · · · ·	Address	Principal place of Busines		
		•••••••••••••••••••••••••••••••••••••••		(city and state or count		
ADDITIONAL	L FOREIGN EN	NTITIES				
4 Supplemental. L	ist any other foreign e	ntity that meets the	criteria specified and is not list	ed on page 2, number 14.		
Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities percentage		
•••••••••••••	City	State/Province Countr	Y			
	į					
				1 (1		
				Shidler 1-		
Printed Name and	Title Chris Ceror	ie VP, Govern	ment Affairs	MUIN		

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