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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000000042 (1)**

1. Corporation Name

DENTEX RESEARCH DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
27-07 43RD AVENUE LONG ISLAND CITY NY 11101	C/O HERZFELD & RUBIN P.C. 40 WALL ST. NEW YORK NY 10005

3. Date Incorporated or Qualified: **01/04/1994**
3a. Date of Last Report: **10/27/1995**

4. FEI Number: **11-2589090** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name, of registered agent and title, if applicable) (Title, Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	President, Treasurer and Director	☐ Change ☒ Addition
NAME	RUDOLF, ROLAND		1.2 NAME	Adolf Prygoda	
STREET ADDRESS	HARKORTSTRASSE 65		1.3 STREET ADDRESS	Harkortstrasse 65	
CITY-ST-ZIP	ESSEN, GERMANY		1.4 CITY, ST, ZIP	Essen, Germany	
TITLE	DS	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	MEHLISS, ALBRECHT		2.2 NAME	Benedikt Pollock	
STREET ADDRESS	HARKORTSTRASSE 65		2.3 STREET ADDRESS	Harkortstrasse 65	
CITY-ST-ZIP	ESSEN, GERMANY		2.4 CITY, ST, ZIP	Essen, Germany	
TITLE	D	☐ DELETE	3.1 TITLE	Secretary and Director	☒ Change ☐ Addition
NAME	WALD, BERNARD J		3.2 NAME		
STREET ADDRESS	40 WALL STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10005		3.4 CITY, ST, ZIP		
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PFEIFFER, ING. JOERG DR.		4.2 NAME		
STREET ADDRESS	HARKORTSTRASSE 65		4.3 STREET ADDRESS		
CITY-ST-ZIP	ESSEN, GERMANY		4.4 CITY, ST, ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY, ST, ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ Bernard J. Wald, Secretary — 4/23/96 — (212) 344-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #