

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002871

Entity Name: ORMCO CORPORATION

FILED
Mar 17, 2011
Secretary of State

Current Principal Place of Business:

1717 WEST COLLINS AVENUE
ATTN: GINA NESE, LEGAL DEPARTMENT
ORANGE, CA 92867

New Principal Place of Business:

Current Mailing Address:

1717 WEST COLLINS AVENUE
ATTN: GINA NESE, LEGAL DEPARTMENT
ORANGE, CA 92867

New Mailing Address:

FEI Number: 33-0463207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: EVP
Name: O'CONNELL, MATTHEW
Address: 1717 WEST COLLINS AVENUE
City-St-Zip: ORANGE, CA 92867

Title: VPT
Name: BRENNAN, CASEY K
Address: 1717 WEST COLLINS AVENUE
City-St-Zip: ORANGE, CA 92867

Title: SD
Name: CLINEFF, MARK A
Address: 1717 WEST COLLINS AVENUE
City-St-Zip: ORANGE, CA 92867

Title: VP
Name: RUIZ-VELA, ALBERT
Address: 1717 WEST COLLINS AVENUE
City-St-Zip: ORANGE, CA 92867

Title: P
Name: EVEN, DANIEL E
Address: 1717 WEST COLLINS AVENUE
City-St-Zip: ORANGE, CA 92867

Title: D
Name: DREIFUSS, TED A
Address: 1717 WEST COLLINS AVENUE
City-St-Zip: ORANGE, CA 92677

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CASEY BRENNAN

VP

03/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date