2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# F94000003235

Entity Name: BENCO DENTAL SUPPLY CO.

Current Principal Place of Business:

11 BEAR CREEK BLVD
WILKES-BARRE, PA 18702

New Principal Place of Business:

Current Mailing Address:

11 BEAR CREEK BLVD
WILKES-BARRE, PA 18702

New Mailing Address:

FEI Number: 23-2718942 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: COHEN, SALLY
Address: 11 BEAR CREEK BLVD
City-St-Zip: WILKES-BARRE, PA 18702

Title: V (X) Delete
Name: MINICHOWSKI, ANTHONY
Address: 11 BEAR CREEK BLVD
City-St-Zip: WILKES-BARRE, PA 18702

Title: V (X) Delete
Name: DELLARTE, JOSEPH
Address: 11 BEAR CREEK BLVD
City-St-Zip: WILKES-BARRE, PA 18702

Title: P ( ) Delete
Name: COHEN, CHARLES
Address: 11 BEAR CREEK BLVD
City-St-Zip: WILKES-BARRE, PA 18702

Title: VT ( ) Delete
Name: COHEN, RICHARD
Address: 11 BEAR CREEK BLVD.
City-St-Zip: WILKES BARRE, PA 18702

Title: T (X) Delete
Name: COHEN, LAWRENCE E
Address: 11 BEAR CREEK BLVD
City-St-Zip: WILKES BARRE, PA 18702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: COHEN, RICHARD
Address: 11 BEAR CREEK BLVD.
City-St-Zip: WILKES BARRE, PA 18702

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES COHEN P 04/29/2004

Electronic Signature of Signing Officer or Director — Date