

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90005 039 ***550.00

DOCUMENT # F03000001051

1. Entity Name
**PHILIPS ORAL HEALTHCARE WORLDWIDE SALES
CORPORATION**



Principal Place of Business
**35301 SE CENTER STREET
SNOLQUALMIE, WA 98065**

Mailing Address
**1251 AVE OF THE AMERICAS 20TH FL
NEW YORK, NY 10020**

44049512



2. Principal Place of Business

3. Mailing Address

07132004

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1920773

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: DVP
NAME: CHEW, BELINDA W ☒ Delete
STREET ADDRESS: 1251 AVENUE OF THE AMERICAS
CITY-ST-ZIP: NEW YORK, NY 100201104

TITLE: DVP
NAME: GREONHUYSEN, WILHELMUS ☐ Delete
STREET ADDRESS: 1251 AVENUE OF THE AMERICAS
CITY-ST-ZIP: NEW YORK, NY 100201104

TITLE: P
NAME: SMITS, CONRAD ☐ Delete
STREET ADDRESS: 35301 SE CENTER STREET
CITY-ST-ZIP: SNOLQUALMIE, WA 98065

TITLE: VP
NAME: SMITH, ROBERT N ☐ Delete
STREET ADDRESS: 1251 AVENUE OF THE AMERICAS
CITY-ST-ZIP: NEW YORK, NY 100201104

TITLE: T
NAME: MONTILHA, MAURICIO T ☒ Delete
STREET ADDRESS: 35301 SE CENTER STREET
CITY-ST-ZIP: SNOLQUALMIE, WA 98065

TITLE: S
NAME: OATES, WARREN T JR ☐ Delete
STREET ADDRESS: 1251 AVENUE OF THE AMERICAS
CITY-ST-ZIP: NEW YORK, NY 100201104

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert N. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/04

212-536-0784