

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003008

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: GREEN DENTAL LABORATORIES, INC.

## Current Principal Place of Business:

1099 WILBURN ROAD  
HEBER SPRINGS, AR 72543

## New Principal Place of Business:

## Current Mailing Address:

2 VISION DRIVE  
NATICK, MA 01760

## New Mailing Address:

FEI Number: 71-0587320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: P ( ) Delete  
Name: THOMPSON, SCOTT  
Address: 1099 WILBURN ROAD  
City-St-Zip: HEBER SPRINGS, AR 72543

Title: V ( ) Delete  
Name: NORDSKOG, RICHARD  
Address: 1099 WILBURN ROAD  
City-St-Zip: HEBER SPRINGS, AR 72543

Title: V ( ) Delete  
Name: EDDINGTON, BURT  
Address: 1099 WILBURN ROAD  
City-St-Zip: HEBER SPRINGS, AR 72543

Title: V ( ) Delete  
Name: RIGGIN, SCOTT  
Address: 1099 WILBURN ROAD  
City-St-Zip: HEBER SPRINGS, AR 72543

Title: D ( ) Delete  
Name: BROWN, DAVID  
Address: 526 BOSTON POST ROAD  
City-St-Zip: WAYLAND, MA 01778

Title: S ( ) Delete  
Name: SIEGEL, DONALD  
Address: 800 BOSTON ST 33RD FLOOR  
City-St-Zip: BOSTON, MA 02114

## 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: D (X) Change ( ) Addition  
Name: BROWN, DAVID  
Address: 2 VISION DRIVE  
City-St-Zip: NATICK, MA 01760

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICHARD F. BECKER

A TR

04/22/2009

Electronic Signature of Signing Officer or Director

Date