# F04000003098

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (                                       |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Business Entity Parity)                |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



600037032086

05/28/04--01014--005 \*\*87.50

JB 304

# TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations   |  |            |  |
|---|--|------------|--|
| SUBJECT: J. A. PRESTON CORPORATI  | ION  |            |  |
|   | poration - must include suffix)  |            |  |
| Dear Sir or Madam:  |  |            |  |
|   | on for Authorization to Transact Business in Floridated to register the above referenced foreign corporate |            |  |
| Please return all correspondence concerning this  | matter to the following:   |            |  |
| DENIS SCHIRMERS   |  |            |  |
| (Na   | ame of Person)   |            |  |
| PATTERSON DENTAL COMPANY  |  |            |  |
| (Fi   | rm/Company)  |            |  |
| 1031 MENDOTA HEIGHTS ROAD   |  |            |  |
|   | (Address)  | <u> </u>   |  |
| ST. PAUL, MN 55120  |  |            |  |
| (City/  | /State and Zip code)   |            |  |
| For further information concerning this matter, please call:  |  |            |  |
| at \  | (Area Code & Daytime Telephone Number)   |            |  |
| (Name of Person)  | (Area Code & Daytime Telephone Number)   |            |  |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314         | •          |  |
| Enclosed is a check for the following amount:   |  |            |  |
| □ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status                                     |  | f Status & |  |

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| J. A. PRESTON CORPORATION  |   |  |  |  |
|--|---|--|--|--|
| (Enter name of corporation; must include "INCORPORATION.," "Co.," "Corp.," "Inc.," "Co," or "Corp.")   | red," "company," "corporation,"   |  |  |  |
|  |   |  |  |  |
| (If name unavailable in Florida, enter alternate corporate n   | ame adopted for the purpose of transacting business in Fl   | orida)   |  |  |
| NEW YORK   | 3. 13-5555050   |  |  |  |
| (State or country under the law of which it is incorporated)   |   |  |  |  |
| 03/31/1950   | 5. PERPETUAL  |  |  |  |
| (Date of incorporation)  |   |  |  |  |
| MAY 01, 2004   |   |  |  |  |
|  | s not transacted business in Florida, insert "upon qualific   | ation.")   |  |  |
|  |   |  |  |  |
|  | 1501, 607.1502 and 817.155, F.S.)   |  |  |  |
| (SEE SECTIONS 607.  1031 MENDOTA HEIGHTS ROAD ST. PAUL   | , MN 55120  |  |  |  |
|  | , MN 55120  |  |  |  |
| (SEE SECTIONS 607.  1031 MENDOTA HEIGHTS ROAD ST. PAUL   | , MN 55120  |  |  |  |
| (SEE SECTIONS 607.  1031 MENDOTA HEIGHTS ROAD ST. PAUL   | , MN 55120<br>e address)  | 034;<br>034;   |  |  |
| (SEE SECTIONS 607.  1031 MENDOTA HEIGHTS ROAD ST. PAUL  (Principal office  | , MN 55120<br>e address)  | 1871741<br>1877741<br>1878741  |  |  |
| (SEE SECTIONS 607.  1031 MENDOTA HEIGHTS ROAD ST. PAUL  (Principal office  (Current mailing  SALES OF MEDICAL EQUIPMENT AND SUP)   | , MN 55120 e address) g address) PLIES  | PECKELATION OF THE PECKELATION O |  |  |
| (SEE SECTIONS 607.  1031 MENDOTA HEIGHTS ROAD ST. PAUL  (Principal office  (Current mailing  | , MN 55120 e address) g address) PLIES  | 77,71 CA   |  |  |
| (SEE SECTIONS 607.  1031 MENDOTA HEIGHTS ROAD ST. PAUL.  (Principal office)  (Current mailing)  SALES OF MEDICAL EQUIPMENT AND SUPPLY (Purpose(s) of corporation authorized in home state)   | mn 55120 e address) g address)  PLIES or country to be carried out in state of Florida)   | 77, 751 CC   |  |  |
| (SEE SECTIONS 607.  1031 MENDOTA HEIGHTS ROAD ST. PAUL,  (Principal office)  (Current mailing)  SALES OF MEDICAL EQUIPMENT AND SUPP  (Purpose(s) of corporation authorized in home state)  Name and street address of Florida registered age                           | mn 55120 e address) g address)  PLIES or country to be carried out in state of Florida)   | 77,71 CA   |  |  |
| (SEE SECTIONS 607.  1031 MENDOTA HEIGHTS ROAD ST. PAUL  (Principal office  (Current mailing  SALES OF MEDICAL EQUIPMENT AND SUP)  (Purpose(s) of corporation authorized in home state  | mn 55120 e address) g address)  PLIES or country to be carried out in state of Florida)   | 77,71 CA   |  |  |
| (SEE SECTIONS 607.  1031 MENDOTA HEIGHTS ROAD ST. PAUL.  (Principal office  (Current mailing  SALES OF MEDICAL EQUIPMENT AND SUP)  (Purpose(s) of corporation authorized in home state  Name and street address of Florida registered age                              | e address)  g address)  PLIES  or country to be carried out in state of Florida)  ent: (P.O. Box or Mail Drop Box NOT acceptable) | 77,71 CA   |  |  |
| (SEE SECTIONS 607.  1031 MENDOTA HEIGHTS ROAD ST. PAUL.  (Principal office  (Current mailing  SALES OF MEDICAL EQUIPMENT AND SUP)  (Purpose(s) of corporation authorized in home state  Name and street address of Florida registered age  Name: CT CORPORATION SYSTEM | e address)  g address)  PLIES  or country to be carried out in state of Florida)  ent: (P.O. Box or Mail Drop Box NOT acceptable) | 77,71 CA   |  |  |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michele Miller
(Registered agent's signature)

Michele Miller
Assistant Secretary

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

### A. DIRECTORS

| Chairman:        | SEE ATTACHED LISTING   |             | _   |
|------------------|--|-------------|-----|
| Address: _       |  |             | ÷   |
|                  |  |             | _   |
| Vice Chair       | man:   |             | _   |
| Address: _       | <del>-</del>   |             | _   |
| _                |  |             | _   |
| Director: _      |  |             | _   |
|                  |  |             |     |
|                  |  |             |     |
| Director: _      |  |             | _   |
|                  |  |             |     |
| _                |  |             |     |
| B. OFFIC         | CERS   |             |     |
|                  | See Attached Listing   |             |     |
|                  |  |             |     |
|                  | · - t  | ٠<br>0      |     |
| -<br>Vice Presid | ent:   |             |     |
|                  | $\alpha^{(n)}$   | Σ           | · · |
|                  |  | TONE<br>LEE | +   |
| Secretary:       | 물탕   |             |     |
|                  | 중년<br>구  | :0          |     |
| Treasurer:       |  |             |     |
| Address:         |  |             |     |
| riduless         |  |             |     |
| NOTE: II         | necessary, you may attach an addendum to the application listing additional officers and/or directors. |             |     |
| 13               | flust the  |             |     |
|                  | (Signature of Director or Officer listed in number 12 of the application)                              |             |     |
| 14. <b>MAT</b>   | THEW L. LEVITT, SECRETARY  |             |     |
|                  | (Typed or printed name and capacity of person signing application)                                     |             |     |

# J. A. PRESTON CORPORATION

F.E.I.N.

13-5555050

INCORPORATED

NEW YORK

DATE

3/31/1950

### **OFFICERS**

| Howard A. Schwartz | 040-48-1637 | President / CEO     | 1713 Midwest Club         | Oak Brook        | <b>IL</b> | 60523 |
|--------------------|-------------|---------------------|---------------------------|------------------|-----------|-------|
| Edward L. Donnelly | 061-50-2252 | Executive VP / CFO  | 1104 Midwest Club         | Oak Brook        | ĭL        | 60523 |
| Kray A. Kibler     | 190-60-9394 | Assistant Treasurer | 1723 Wiesbrock Lane       | Batavia,         | IL        | 60510 |
| Matthew L. Levitt  | 468-50-3927 | Secretary           | 1031 Mendota Heights Road | Mendota Heights, | MN        | 55120 |
| Fred Lieb          | 315-34-6475 | Assistant Secretary | 818 Lincoln Street        | Evanston,        | 1L        | 60271 |
| James R. Delahunt  | 468-54-2688 | Assistant Treasurer | 1031 Mendota Heights Road | Mendota Heights, | MN        | 55120 |
| Roger A. Salava    | 472-58-3023 | Assistant Treasurer | 1031 Mendota Heights Road | Mendota Heights, | MN        | 55120 |

# **DIRECTORS**

| R. Stephen Armstrong | 471-60-7632 | Director | 1031 Mendota Heights Road | Mendota Heights, | MN | 55120 |
|----------------------|-------------|----------|---------------------------|------------------|----|-------|
| Howard A. Schwartz   | 040-48-1637 | Director | 1713 Midwest Club         | Oak Brook        | IL | 60523 |
| Edward L. Donnelly   | 061-50-2252 | Director | 1104 Midwest Club         | Oak Brook        | IL | 60523 |

FILED

04 MTV 28 AMH: 1,2

SECKLIARY SECTIONULA

# State of New York Department of State

I hereby certify, that the Certificate of Incorporation of J.A. PRESTON CORPORATION was filed on 03/31/1950, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

Witness my hand and the official seal of the Department of State at the City of Albany, this 04th day of May two thousand and four.

Secretary of State

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