

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001151

FILED
Jan 20, 2009
Secretary of State

Entity Name: NOBEL BIOCARE HOLDING USA, INC.

Current Principal Place of Business:

22715 SAVI RANCH PARKWAY
YORBA LINDA, CA 92887

New Principal Place of Business:

Current Mailing Address:

22715 SAVI RANCH PARKWAY
YORBA LINDA, CA 92887

New Mailing Address:

FEI Number: 54-2154699

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 STE 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: D () Delete
Name: CANEPA, HELIANE
Address: BALSBERG, BALZ SIMMERMAN STRASSE 7
City-St-Zip: 8152 GIATTBRUGG, OC

Title: D () Delete
Name: BOGLI, THOMAS F
Address: BALSBERG, BALZ SIMMERMAN STRASSE 7
City-St-Zip: 8152 GIATTBRUGG, OC

Title: P () Delete
Name: MOSHER, KEVIN
Address: 22715 SAVI RANCH PARKWAY
City-St-Zip: YORBA LINDA, CA 92887

Title: VPS () Delete
Name: COLLINS, JACQUELINE
Address: 22715 SAVI RANCH PARKWAY
City-St-Zip: YORBA LINDA, CA 92887

Title: T () Delete
Name: YEE, LEWIS
Address: 22715 SAVI RANCH PARKWAY
City-St-Zip: YORBA LINDA, CA 92887

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: () 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: LEWIS YEE

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date