

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004978 (3)

1. Corporation Name
SULLIVAN DENTAL PRODUCTS, INC.

FILED
95 FEB -7 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**10920 W. LINCOLN AVENUE
WEST ALLIS WI 53227** **C/O WOLFE, WOLFE & RYD
120 S. RIVERSIDE PLZ. SUITE #430
CHICAGO IL 60606**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/03/1993	3a. Date of Last Report 09/08/1994
4. FEI Number 36-3070444	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registered)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SULLIVAN, ROBERT J
STREET ADDRESS	10920 WEST LINCOLN AVENUE
CITY-ST-ZIP	WEST ALLIS WI 53227
TITLE	PD
NAME	DOERING, ROBERT E
STREET ADDRESS	10920 WEST LINCOLN AVENUE
CITY-ST-ZIP	WEST ALLIS WI 53227
TITLE	VSD
NAME	SULLIVAN, TIMOTHY J
STREET ADDRESS	10920 WEST LINCOLN AVENUE
CITY-ST-ZIP	WEST ALLIS WI 53227
TITLE	VTAS
NAME	HOLT, WAYNE G
STREET ADDRESS	10920 WEST LINCOLN AVENUE
CITY-ST-ZIP	WEST ALLIS WI 53227
TITLE	VD
NAME	ACKERET, KEVIN J
STREET ADDRESS	10920 WEST LINCOLN AVENUE
CITY-ST-ZIP	WEST ALLIS WI 53227
TITLE	V
NAME	SCHWING, KENNETH
STREET ADDRESS	10920 WEST LINCOLN AVENUE
CITY-ST-ZIP	WEST ALLIS WI 53227

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VTASD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VASD. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statute. I further certify that the information indicated on this annual report or supplemental annual 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, 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 12 or Block 13 if I am an officer or director with an address.

SIGNATURE: *Stephen E. Ryd* **Stephen E. Ryd, Asst. Sec., 2/1/95 (312) 454-6100**
Signature and Typed or Printed Name of Filing Officer or Director Date (Typed Name)

EXHIBIT 'A'

TO 1995 FLORIDA CORPORATION ANNUAL REPORT

SULLIVAN DENTAL PRODUCTS, INC.
a Wisconsin corporation

ADDITIONAL
OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Stephen E. Ryd 120 S. Riverside Plaza, Suite 430 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howard O. Wolfe 120 S. Riverside Plaza, Suite 430 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kerry B. Wolfe 120 S. Riverside Plaza, Suite 430 Chicago, Illinois 60606

L:SDPARS