

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000004978 (3)

1. Corporation Name
SULLIVAN DENTAL PRODUCTS, INC.



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

3. Date Incorporated or Qualified: **11/03/1993**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **36-3070444**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 [] Suite, Apt. #, etc.: 22 [] City & State: 23 [] Zip: 24 [] Country: 25 []
2a. Mailing Address: 26 [] Suite, Apt. #, etc.: 27 [] City & State: 28 [] Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: []
85 Zip Code: **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: [] (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: CD	<input type="checkbox"/> DELETE
NAME: SULLIVAN, ROBERT J	
STREET ADDRESS: 10920 WEST LINCOLN AVENUE	
CITY-ST-ZIP: WEST ALLIS WI 53227	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: DOERING, ROBERT E	
STREET ADDRESS: 10920 WEST LINCOLN AVENUE	
CITY-ST-ZIP: WEST ALLIS WI 53227	
TITLE: VSD	<input type="checkbox"/> DELETE
NAME: SULLIVAN, TIMOTHY J	
STREET ADDRESS: 10920 WEST LINCOLN AVENUE	
CITY-ST-ZIP: WEST ALLIS WI 53227	
TITLE: VTAS	<input type="checkbox"/> DELETE
NAME: HOLT, WAYNE G	
STREET ADDRESS: 10920 WEST LINCOLN AVE	
CITY-ST-ZIP: WES ALLIS WI	
TITLE: VASD	<input type="checkbox"/> DELETE
NAME: ACKERET, KEVIN J	
STREET ADDRESS: 10920 WEST LINCOLN AVENUE	
CITY-ST-ZIP: WEST ALLIS WI	
TITLE: V	<input type="checkbox"/> DELETE
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: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: David Steck	
1.3 STREET ADDRESS: 10920 West Lincoln Avenue	
1.4 CITY-ST-ZIP: West Allis WI 53227	
2.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Geoffrey A. Reichardt	
2.3 STREET ADDRESS: 10920 West Lincoln Avenue	
2.4 CITY-ST-ZIP: West Allis, WI 53227	
3.1 TITLE: AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: Stephen E. Ryd	
3.3 STREET ADDRESS: 10920 West Lincoln Avenue	
3.4 CITY-ST-ZIP: West Allis WI 53227	
4.1 TITLE: V/T/AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: Wayne G. Holt	
4.3 STREET ADDRESS: 10920 West Lincoln Avenue	
4.4 CITY-ST-ZIP: West Allis WI 53227	
5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: Howard O. Wolfe	
5.3 STREET ADDRESS: 120 S. Riverside Plaza, Ste. 430	
5.4 CITY-ST-ZIP: Chicago, Illinois 60606	
6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: Kerry B. Wolfe	
6.3 STREET ADDRESS: 120 S. Riverside Plaza, Ste. 430	
6.4 CITY-ST-ZIP: Chicago, Illinois 60606	

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)(k), Florida Statutes. 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Stephen E. Ryd, Asst. Sec., 2/15/96 (312) 454-6100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)