

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, ROBERT J	
STREET ADDRESS	10920 WEST LINCOLN AVENUE	
CITY-STATE-ZIP	WEST ALLIS WI 53227	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOERING, ROBERT E	
STREET ADDRESS	10920 WEST LINCOLN AVENUE	
CITY-STATE-ZIP	WEST ALLIS WI 53227	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, TIMOTHY J	
STREET ADDRESS	10920 WEST LINCOLN AVENUE	
CITY-STATE-ZIP	WEST ALLIS WI 53227	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	HOLT, WAYNE G	
STREET ADDRESS	10920 WEST LINCOLN AVE	
CITY-STATE-ZIP	WEST ALLIS WI	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	ACKERET, KEVIN J	
STREET ADDRESS	10920 WEST LINCOLN AVENUE	
CITY-STATE-ZIP	WEST ALLIS WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHWING, KENNETH	
STREET ADDRESS	10920 WEST LINCOLN AVENUE	
CITY-STATE-ZIP	WEST ALLIS WI 53227	

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-STATE-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-STATE-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-STATE-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-STATE-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-STATE-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-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen E. Ryd, Asst. Sec., 2/15/96 (312) 454-6100

Date

Daytime Phone #

CR2E034 (12/95)