

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jul 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham *Secretary of State DIVISION OF CORPORATIONS
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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 60606-3989
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/03/1993	3a. Date of Last Report 02/20/1996
4. FEI Number 36-3070444	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION REGISTERED, 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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	VTSD	<input type="checkbox"/> DELETE
NAME	HOLT, WAYNE G	
STREET ADDRESS	10920 WEST LINCOLN AVE	
CITY-ST-ZIP	WEST 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CEO/D
2.3 STREET ADDRESS	DOERING, ROBERT E
2.4 CITY-ST-ZIP	10920 WEST LINCOLN AVENUE WEST ALLIS WI 53227
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P/S/T/CFO/D
3.3 STREET ADDRESS	SULLIVAN, TIMOTHY J
3.4 CITY-ST-ZIP	10920 WEST LINCOLN AVENUE WEST ALLIS WI 53227
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	HOLT, WAYNE G
4.4 CITY-ST-ZIP	10920 WEST LINCOLN AVE WEST ALLIS WI
5.1 TITLE	<input type="checkbox"/> Change <input 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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. See Exhibit "A" attached hereto and hereby made a part hereof.

CR2E034 (9/96)

EXHIBIT 'A'

TO 1997 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 Twenty North Wacker Drive, Suite 3550 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howard O. Wolfe Twenty North Wacker Drive, Suite 3550 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kerry B. Wolfe Twenty North Wacker Drive, Suite 3550 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V David Steck 10920 West Lincoln Ave West Allis, WI 53229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS Geoffrey A. Reichardt 10920 West Lincoln Ave West Allis, WI 53229