

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

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



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**

FILED
Apr 01 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **c/o Wolfe, Wolfe & Ryd**

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **60606**

29 **U.S.A.**

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

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

TITLE **CD** ☒ DELETE

NAME **SULLIVAN, ROBERT J**
STREET ADDRESS **10920 WEST LINCOLN AVENUE**
CITY-ST-ZIP **WEST ALLIS WI 53227**

TITLE **CEO** ☒ DELETE

NAME **DOERING, ROBERT E**
STREET ADDRESS **10920 W LINCOLN AVE**
CITY-ST-ZIP **WEST ALLIS WI**

TITLE **PSTD** ☒ DELETE

NAME **SULLIVAN, TIMOTHY J**
STREET ADDRESS **10920 WEST LINCOLN AVENUE**
CITY-ST-ZIP **WEST ALLIS WI**

TITLE **D** ☒ DELETE

NAME **HOLT, WAYNE G**
STREET ADDRESS **10920 WEST LINCOLN AVE**
CITY-ST-ZIP **WEST ALLIS WI**

TITLE **VASD** ☒ DELETE

NAME **ACKERET, KEVIN J**
STREET ADDRESS **10920 WEST LINCOLN AVENUE**
CITY-ST-ZIP **WEST ALLIS WI**

TITLE **V** ☐ 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 **CD** ☐ Change ☒ Addition

1.2 NAME **Stanley Bergman**
1.3 STREET ADDRESS **135 Duryea Road**
1.4 CITY-ST-ZIP **Melville, NY 11747**

2.1 TITLE **PTS** ☒ Change ☐ Addition

2.2 NAME **Timothy J. Sullivan**
2.3 STREET ADDRESS **10920 W. Lincoln Avenue**
2.4 CITY-ST-ZIP **West Allis, WI 53227**

3.1 TITLE **V** ☒ Change ☐ Addition

3.2 NAME **Kevin J. Ackeret**
3.3 STREET ADDRESS **10920 W. Lincoln Avenue**
3.4 CITY-ST-ZIP **West Allis, WI 53227**

4.1 TITLE **VASD** ☐ Change ☒ Addition

4.2 NAME **Mark E. Mlotek**
4.3 STREET ADDRESS **135 Duryea Road**
4.4 CITY-ST-ZIP **Melville, NY 11747**

5.1 TITLE **VD** ☐ Change ☒ Addition

5.2 NAME **Steven Paladino**
5.3 STREET ADDRESS **135 Duryea Road**
5.4 CITY-ST-ZIP **Melville, NY 11747**

6.1 TITLE **V** ☐ Change ☒ Addition

6.2 NAME **David Steck**
6.3 STREET ADDRESS **10920 W. Lincoln Avenue**
6.4 CITY-ST-ZIP **West Allis, WI 53227**

14. I 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 as an attachment with an address. See Exhibit "A" attached hereto and hereby made a part hereof.

SIGNATURE:

Stephen E. Ryd, Asst. Secty. 3/23/98 (312)372-6400

CR2E034 (10/97)

EXHIBIT "A"

TO 1998 FLORIDA CORPORATION ANNUAL REPORT

SULLIVAN DENTAL PRODUCTS, INC.
a Wisconsin corporation

ADDITIONAL
OFFICERS AND DIRECTORS

F93000004978(3)

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	X Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kerry B. Wolfe Twenty North Wacker Drive, Suite 3550 Chicago, Illinois 60606	X Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Geoffrey A. Reichardt 10920 West Lincoln Ave. West Allis, WI 53229	X Change