


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

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**Apr 01 1998 8:00am  
Secretary of State**

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

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified: 11/03/1993

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 c/o Wolfe, Wolfe & Ryd  
27 Suite, Apt. #, etc.  
28 20 N. Wacker Dr. #3550  
29 City & State  
30 Chicago, IL  
31 Zip  
32 60606  
33 Country  
34 U.S.A.

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

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  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD
NAME	SULLIVAN, ROBERT J	1.2 NAME	Stanley Bergman
STREET ADDRESS	10920 WEST LINCOLN AVENUE	1.3 STREET ADDRESS	135 Duryea Road
CITY-ST-ZIP	WEST ALLIS WI 53227	1.4 CITY-ST-ZIP	Melville, NY 11747
TITLE	CEO	2.1 TITLE	PTS
NAME	DOERING, ROBERT E	2.2 NAME	Timothy J. Sullivan
STREET ADDRESS	10920 W LINCOLN AVE	2.3 STREET ADDRESS	10920 W. Lincoln Avenue
CITY-ST-ZIP	WEST ALLIS WI	2.4 CITY-ST-ZIP	West Allis, WI 53227
TITLE	PSTD	3.1 TITLE	V
NAME	SULLIVAN, TIMOTHY J	3.2 NAME	Kevin J. Ackeret
STREET ADDRESS	10920 WEST LINCOLN AVENUE	3.3 STREET ADDRESS	10920 W. Lincoln Avenue
CITY-ST-ZIP	WEST ALLIS WI	3.4 CITY-ST-ZIP	West Allis, WI 53227
TITLE	D	4.1 TITLE	VASD
NAME	HOLT, WAYNE G	4.2 NAME	Mark E. Mlotek
STREET ADDRESS	10920 WEST LINCOLN AVE	4.3 STREET ADDRESS	135 Duryea Road
CITY-ST-ZIP	WEST ALLIS WI	4.4 CITY-ST-ZIP	Melville, NY 11747
TITLE	VASD	5.1 TITLE	VD
NAME	ACKERET, KEVIN J	5.2 NAME	Steven Paladino
STREET ADDRESS	10920 WEST LINCOLN AVENUE	5.3 STREET ADDRESS	135 Duryea Road
CITY-ST-ZIP	WEST ALLIS WI	5.4 CITY-ST-ZIP	Melville, NY 11747
TITLE	V	6.1 TITLE	V
NAME	SCHWING, KENNETH	6.2 NAME	David Steck
STREET ADDRESS	10920 WEST LINCOLN AVENUE	6.3 STREET ADDRESS	10920 W. Lincoln Avenue
CITY-ST-ZIP	WEST ALLIS WI 53227	6.4 CITY-ST-ZIP	West Allis, WI 53227

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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 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

CF2E034 (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