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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90108 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004978

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
20 N WACKER DR SUITE 3550
CHICAGO IL 60606
US**

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 ☐ DELETE

NAME **CD
BERGMAN, STANLEY**
STREET ADDRESS **135 DURYEA RD**
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE ☐ DELETE

NAME **PTS
SULLIVAN, TIMOTHY J**
STREET ADDRESS **10920 W LINCOLN AVE**
CITY-ST-ZIP **WEST ALLIS WI 53227**

TITLE ☐ DELETE

NAME **V
ACKERET, KEVIN J**
STREET ADDRESS **10920 W LINCOLN AVE**
CITY-ST-ZIP **WEST ALLIS WI 53227**

TITLE ☐ DELETE

NAME **VASD
MLOTEK, MARK E**
STREET ADDRESS **135 DURYEA RD**
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE ☒ DELETE

NAME **VD
ACKERET, KEVIN J**
STREET ADDRESS **135 DURYEA RD**
CITY-ST-ZIP **MELVILLE FL 11747**

TITLE ☐ DELETE

NAME **V
STECK, DAVID**
STREET ADDRESS **10920 W LINCOLN AVE**
CITY-ST-ZIP **WEST ALLIS WI 53227**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VD
Steven Paladino
135 Duryea Road
Melville, NY 11747**

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 on an attachment with an address, with all other like empowered. See Exhibit "A" attached hereto and hereby made a part hereof.

SIGNATURE:

Stephen E. Ryd, Asst. Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

921e

Daytime Phone #

CR2E034 (1/98)

234620-90108-4
F93000004978

EXHIBIT "A"

SULLIVAN DENTAL PRODUCTS, INC.
OFFICERS AND DIRECTORS

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
Chairman Director	Stanley M. Bergman	135 Duryea Road Melville, New York 11747
President Treasurer Secretary	Timothy J. Sullivan	10920 West Lincoln Avenue West Allis, Wisconsin 53227
Executive Vice President	Kevin J. Ackeret	10920 West Lincoln Avenue West Allis, Wisconsin 53227
Vice President Assistant Secretary Director	Mark E. Mlotek	135 Duryea Road Melville, New York 11747
Vice President - Finance Director	Steven Paladino	135 Duryea Road Melville, New York 11747
Vice President Products Division	David Steck	10920 West Lincoln Avenue West Allis, Wisconsin 53227
Vice President - Sales	Geoffrey A. Reichardt	10920 West Lincoln Avenue West Allis, Wisconsin 53227
Assistant Secretary	Stephen E. Ryd	20 N. Wacker Drive, Suite 3550 Chicago, Illinois 60606

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