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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
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DOCUMENT # F93000004978

1. Corporation Name
SULLIVAN DENTAL PRODUCTS, INC.



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 11/03/1993	Applied For Not Applicable
4. FEI Number 36-3070444	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGMAN, STANLEY	1.2 NAME	
STREET ADDRESS	135 DURYEA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY 11747	1.4 CITY-ST-ZIP	
TITLE	PTS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, TIMOTHY J	2.2 NAME	
STREET ADDRESS	10920 W LINCOLN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ALLIS WI 53227	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERET, KEVIN J	3.2 NAME	
STREET ADDRESS	10920 W LINCOLN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ALLIS WI 53227	3.4 CITY-ST-ZIP	
TITLE	VASD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MLOTEK, MARK E	4.2 NAME	
STREET ADDRESS	135 DURYEA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY 11747	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACKERET, KEVIN J	5.2 NAME	Steven Paladino
STREET ADDRESS	135 DURYEA RD	5.3 STREET ADDRESS	135 Duryea Road
CITY-ST-ZIP	MELVILLE FL 11747	5.4 CITY-ST-ZIP	Melville, NY 11747
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STECK, DAVID	6.2 NAME	
STREET ADDRESS	10920 W LINCOLN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ALLIS WI 53227	6.4 CITY-ST-ZIP	

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., 2/3/99 (312) 372-6400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)

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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