

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90019 050 ***150.00

DOCUMENT # F93000004978

1. Entity Name

SULLIVAN DENTAL PRODUCTS, INC.

Principal Place of Business

Mailing Address

10920 W. LINCOLN AVENUE
 WEST ALLIS WI 53227

C/O WOLFE, WOLFE & RYD
 20 N WACKER DR SUITE 3550
 CHICAGO IL 60606-3187
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3070444

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	BERGMAN, STANLEY	
STREET ADDRESS	135 DURYE A RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	PTS	<input type="checkbox"/> Delete
NAME	SULLIVAN, TIMOTHY J	
STREET ADDRESS	10920 W LINCOLN AVE	
CITY-ST-ZIP	WEST ALLIS WI 53227	
TITLE	V	<input type="checkbox"/> Delete
NAME	ACKERET, KEVIN J	
STREET ADDRESS	10920 W LINCOLN AVE	
CITY-ST-ZIP	WEST ALLIS WI 53227	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	MLOTEK, MARK E	
STREET ADDRESS	135 DURYE A RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PALADINO, STEVEN	
STREET ADDRESS	135 DURYE A ROAD	
CITY-ST-ZIP	MELVILLE FL 11747	
TITLE	V	<input type="checkbox"/> Delete
NAME	STECK, DAVID	
STREET ADDRESS	10920 W LINCOLN AVE	
CITY-ST-ZIP	WEST ALLIS WI 53227	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Melville, NY 11747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 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 for additional officers.

SIGNATURE: *Stephen E. Ryd*
 Stephen E. Ryd
 Assistant Secretary

1/19/00 (312) 372-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)