

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0567619

DOCUMENT # F93000004978

1. Entity Name

SULLIVAN DENTAL PRODUCTS, INC.

03-12-2001 90033 048 ***150.00

| | |
|---|--|
| 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

| | | | |
|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4. FEI Number 36-3070444 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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, 2001 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD BERGMAN, STANLEY 135 DURYEA RD MELVILLE NY 11747 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTS SULLIVAN, TIMOTHY J 10920 W LINCOLN AVE WEST ALLIS WI 53227 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ACKERET, KEVIN J 10920 W LINCOLN AVE WEST ALLIS WI 53227 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VASD MLOTEK, MARK E 135 DURYEA RD MELVILLE NY 11747 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PALADINO, STEVEN 135 DURYEA ROAD MELVILLE FL 11747 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STECK, DAVID 10920 W LINCOLN AVE WEST ALLIS WI 53227 <input checked="" type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C/CEO/Pres/Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/Asst. Secy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | See Exhibit "A" attached hereto and hereby made a part hereof. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | See Exhibit "A" attached hereto and hereby made a part hereof. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Exec VP/Treas/Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Melville, NY 11747 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | See Exhibit 'A' attached hereto and hereby made a part hereof. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 made a part hereof.

SIGNATURE: *Stephen E. Ryd* **Stephen E. Ryd, Asst. Scy. 3/ /01 312-372-6400**

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

CR2E034 (10/00)

attachment 4-150
DA# F93000004978

EXHIBIT "A"

SULLIVAN DENTAL PRODUCTS, INC.
OFFICERS AND DIRECTORS

| <u>TITLE</u> | <u>NAME</u> | <u>ADDRESS</u> |
|--|---------------------|---|
| Chairman Chief Executive Officer President Director | Stanley M. Bergman | 135 Duryea Road Melville, New York 11747 |
| Executive Vice President | James Breslawski | 135 Duryea Road Melville, New York 11747 |
| Executive Vice President Treasurer Director | Steven Paladino | 135 Duryea Road Melville, New York 11747 |
| Vice President Secretary Director | Michael Ettinger | 135 Duryea Road Melville New York 11747 |
| Vice President Assistant Secretary | Timothy J. Sullivan | 10920 West Lincoln Avenue West Allis, Wisconsin 53227 |
| Assistant Secretary | Stephen E. Ryd | 20 N. Wacker Drive, Suite 3550 Chicago, Illinois 60606 |

C:sullivan\bussadd