


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000001671
 1. Entity Name
 PATTERSON DENTAL SUPPLY, INC.



Principal Place of Business — Mailing Address
 1031 MENDOTA HEIGHTS ROAD 1031 MENDOTA HEIGHTS ROAD
 ST PAUL, MN 55120 ST PAUL, MN 55120

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 41-1833619 Applied For Not Applicable
 5. Certificate of Status Desired \$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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	JOHNSON, GARY
STREET ADDRESS	1031 MENDOTA HEIGHTS ROAD
CITY-ST-ZIP	MENDOTA HEIGHTS, MN 55120
TITLE	VT
NAME	ARMSTRONG, R S
STREET ADDRESS	1031 MENDOTA HEIGHTS ROAD
CITY-ST-ZIP	MENDOTA HEIGHTS, MN 55120
TITLE	P
NAME	KABBES, SCOTT R
STREET ADDRESS	1031 MENDOTA HEIGHTS RD
CITY-ST-ZIP	MENDOTA HEIGHTS, MN 55120
TITLE	VP
NAME	KOCHMANN, RICHARD
STREET ADDRESS	1031 MENDOTA HEIGHTS ROAD
CITY-ST-ZIP	MENDOTA HEIGHTS, MN 55120
TITLE	S
NAME	LEVITT, MATTHEW L
STREET ADDRESS	1031 MENDOTA HEIGHTS ROAD
CITY-ST-ZIP	MENDOTA HEIGHTS, MN 55120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/25/05-60024-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Matthew L. Levitt-Secretary 01-14-2005 651-686-1817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #