

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001671

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: PATTERSON DENTAL SUPPLY, INC.

**Current Principal Place of Business:**

1031 MENDOTA HEIGHTS ROAD  
ST PAUL, MN 55120

**New Principal Place of Business:**

**Current Mailing Address:**

1031 MENDOTA HEIGHTS ROAD  
ST PAUL, MN 55120

**New Mailing Address:**

FEI Number: 41-1833619      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: JOHNSON, GARY  
Address: 1031 MENDOTA HEIGHTS ROAD  
City-St-Zip: MENDOTA HEIGHTS, MN 55120

Title: VT ( ) Delete  
Name: ARMSTRONG, R S  
Address: 1031 MENDOTA HEIGHTS ROAD  
City-St-Zip: MENDOTA HEIGHTS, MN 55120

Title: P ( ) Delete  
Name: KABBES, SCOTT R  
Address: 1031 MENDOTA HEIGHTS RD  
City-St-Zip: MENDOTA HEIGHTS, MN 55120

Title: VP ( ) Delete  
Name: KOCHMANN, RICHARD  
Address: 1031 MENDOTA HEIGHTS ROAD  
City-St-Zip: MENDOTA HEIGHTS, MN 55120

Title: S ( ) Delete  
Name: LEVITT, MATTHEW L  
Address: 1031 MENDOTA HEIGHTS ROAD  
City-St-Zip: MENDOTA HEIGHTS, MN 55120

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: ANDERSON, SCOTT P  
Address: 1031 MENDOTA HEIGHTS RD  
City-St-Zip: MENDOTA HEIGHTS, MN 55120

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROYCE S. ARMSTRONG

VT

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date