

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001671

FILED  
Jan 04, 2012  
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

**OFFICERS AND DIRECTORS:**

Title: VTD  
Name: ARMSTRONG, ROYCE S  
Address: 1031 MENDOTA HEIGHTS ROAD  
City-St-Zip: MENDOTA HEIGHTS, MN 55120

Title: PD  
Name: ANDERSON, SCOTT P  
Address: 1031 MENDOTA HEIGHTS RD  
City-St-Zip: MENDOTA HEIGHTS, MN 55120

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

I hereby 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 all other like empowered.

SIGNATURE: ROYCE ARMSTRONG

TREA

01/04/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date