4/2

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
04-23-2001 90129 002 ***150.00

DOCUMENT # F96000002811

1. Entity Name
THOMPSON DENTAL COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 3486 CAYCE SC 29171	P.O. BOX 3486 CAYCE SC 29171

[redacted] 43674

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1106 Knox Abbott Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cayce, SC	City & State
Zip: 29033 Country: USA	Zip Country

4. FEI Number 57-0261190 ☐ Applied For ☐ Not Applicable

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
SMITH, ED 8535 BAYMEADOWS ROAD, STE 62 JACKSONVILLE FL 32256	Name: Ed Wagner Street Address (P.O. Box Number is Not Acceptable): 8535 Baymeadows Road, Suite 62 City: Jacksonville **FL** Zip Code: 32256

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: Ed Wagner, Branch Manager — Edward L. Wagner — ~~4-10-01~~ 5/10/01
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD DEPORTES, F A 2422 DEVINE ST COLUMBIA SC 29205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DESPORTES, PERRIN T 1106 KNOX ABBOTT DR CAYCE SC 29033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ECKARD, RANDEL J 2720 DISCOVERY DRIVE RALEIGH NC 27661	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BERNARDIN, JOHN A 2422 DEVINE ST COLUMBIA SC 29205	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Tom McGuire 117 S. Westgate Drive Greensboro, NC 27407	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CUNNINGHAM, TIMOTHY E 103 SANBORN ST FLORENCE SC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAY, EUGENE G. 1106 KNOX ABBOTT DR CAYCE SC 29033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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.

SIGNATURE: [signature] Eugene Hay, CFO 4-10-01 803-796-1920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #