2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State
02-11-2000 90007 009 ***150.00

DOCUMENT # F98000001223

1. Entity Name

DEGUSSA-NEY DENTAL, INC.

Principal Place of Business	Mailing Address
65 DUDLEY TOWN RD. BLOOMFIELD CT 06002	1280 BLUE HILLS AVE. BLOOMFIELD CT 06002-1316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
65 West Dudleytown Rd Suite, Apt. #, etc.	65 West Dudleytown Rd Suite, Apt. #, etc.
Bloomfield, CT City & State	Bloomfield, CT City & State
06002 Zip	06002 Zip
U.S.A Country	U.S.A Country

4. FEI Number 06-1496931 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____
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, 2000 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	PD WOLFE, HENRY G 1280 BLUE HILLS AVE BLOOMFIELD CT	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Holger Meinicke 65 West Dudleytown Rd Bloomfield, CT 06002	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MEINICKE, HOLGER 65 CHALLENGER RD RIDGEFIELD NJ	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S YENKER, CHARLES 1280 BLUE HILLS AVE BLOOMFIELD CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Charles Yenkner 65 West Dudleytown Rd Bloomfield, CT 06002	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAGNOTTI, GARY J 1280 BLUE HILLS AVE BLOOMFIELD CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Gary Magnotti 65 West Dudleytown Rd Bloomfield, CT 06002	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BURKE, ANDREW J 65 CHALLENGER ROAD RIDGEFIELD NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Andrew J. Burke 65 Challenger Rd Ridgefield, N.J 07660	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHMIDT, KARL J 65 CHALLENGER ROAD RIDGEFIELD NJ	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	* See Stmts for Additional information	☐ Change ☐ 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.

SIGNATURE: [signature] Gary Magnotti 2/4/00 860 242 6188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #