

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90057 043 ***150.00

0572591

DOCUMENT # F98000001223

1. Entity Name

DEGUSSA-NEY DENTAL, INC.

Principal Place of Business

**65 DUDLEY TOWN RD.
BLOOMFIELD CT 06002**

Mailing Address

**65 W DUDLEYTOWN RD
BLOOMFIELD CT 06002-1374**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 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 **PD** ☐ Delete
NAME **MEINICKE, HOLGER**
STREET ADDRESS **65 W DUDLEYTOWN RD**
CITY-ST-ZIP **BLOOMFIELD CT 06002**

TITLE **D** ☐ Change ☒ Addition
NAME **Peter L. Costas, Pepe & Hazard LLP**
STREET ADDRESS **225 Asylum Street**
CITY-ST-ZIP **Hartford CT 06103**

TITLE **V** ☐ Delete
NAME **YONKNER,**
STREET ADDRESS **65 W DUDLEYTOWN RD**
CITY-ST-ZIP **BLOOMFIELD CT 06002**

TITLE **V/S** ☒ Change ☐ Addition
NAME **Yenkner, Charles E.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MAGNOTTI, GARY J**
STREET ADDRESS **65 W DUDLEYTOWN RD**
CITY-ST-ZIP **BLOOMFIELD CT 06002**

TITLE **T/D** ☒ Change ☐ Addition
NAME **Magnotti, Gary J**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BURKE, ANDREW J**
STREET ADDRESS **65 CHALLENGER RD**
CITY-ST-ZIP **RIDGEFIELD PARK NJ 07660**

TITLE **D** ☐ Change ☒ Addition
NAME **Gerd Schulte**
STREET ADDRESS **65 West Dudley Town Road**
CITY-ST-ZIP **Bloomfield CT 06002**

TITLE **-** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Alexander Voelcker**
STREET ADDRESS **65 West Dudley Town Road**
CITY-ST-ZIP **Bloomfield CT 06002**

TITLE **-** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Rudolf Lehner**
STREET ADDRESS **65 West Dudley Town Road**
CITY-ST-ZIP **Bloomfield CT 06002**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles E. Yenker, Secretary

3/19/01
Date

(860) 242-6188
Daytime Phone #

CR2E034 (10/00)