2000 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2000 8:00 am Secretary of State DOCUMENT # F98000007140 IVOCLAR NORTH AMERICA, INC. 02-01-2000 90017 005 ***150.00 Mailing Address Principal Place of Business 175 PINEVIEW DRIVE 175 PINEVIEW DRIVE AMHERST NY 14228-2231 AMHERST NY 14094 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 16-1287874 Not Amilia 1 Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. **化**基础的 化 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X Addition ☐ Delete TITLE VICE PRESIDENT - TECHNOLOGY ☐ Change TITLE GANLEY, ROBERT A NAME NAME GEORGE W. TYSOWSKY STREET ADDRESS 102 HUNTINGTON COURT STREET ADDRESS 2765 NORTH FOREST ROAD, APT. G CITY-ST-ZIP CITY-ST-ZIP WILLIAMSIVLLE NY <u>GETZVILLE, NY 14068</u> TITLE ☐ Delete ☐ Change Addition KINGSTON, THOMAS C NAME STREET ADDRESS **47 BELVOIR ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILLIAMSVILLE NY ☐ Delete ☐ Addition TITLE ☐ Change TITI F BRENNAN, MICHAEL F NAME NAME STREET ADDRESS STREET ADDRESS 10 EVERMAY DRIVE CITY-ST-ZIP CITY-ST-ZIP WILLIAMSVILLE NY ☐ Change Addition ☐ Delete TITLE TITLE NAME KORMAN, ALAN S NAMÉ STREET ADDRESS STREET ADDRESS 30 COVENT GARDEN CITY-ST-ZIP CITY-ST-ZIP WILLIAMSVILLE NY ☐ Change ☐ Addition ☐ Delete TITLE TITLE LAMOURE, PIERRE J NAME NAME STREET ADDRESS STREET ADDRESS 99 CHAPEL WOODS CITY-ST-ZIP CITY-ST-ZIP WILLIAMSVILLE NY Addition TITLE ☐ Delete TITLE ☐ Change SEGNERE, PATRICK M NAME STREET ADDRESS STREET ADDRESS 9625 THE MAPLES CITY-ST-ZIP CITY-ST-ZIP **CLARENCE NY** 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. THOMAS C. KINGSTON SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

716-691-0010

Daytime Phone #