

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90027 033 ***150.00

DOCUMENT # F98000007140



1. Entity Name
IVOCLAR VIVADENT, INC.

Principal Place of Business
**175 PINEVIEW DRIVE
AMHERST, NY 14228 US**

Mailing Address
**175 PINEVIEW DRIVE
AMHERST, NY 14228 US**

40018710



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072007

Chg-P

CR2E034 (12/06)

4. FEI Number
16-1287874

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GANLEY, ROBERT A
102 HUNTINGTON COURT
WILLIAMSVILLE, NY 14221** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KINGSTON, THOMAS C
47 BELVOIR ROAD
WILLIAMSVILLE, NY 14221** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
TYSOWSKY, GEORGE W
330 WOOD ACRES DRIVE
EAST AMHERST, NY 14051** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KORMAN, ALAN S
30 COVENT GARDEN
WILLIAMSVILLE, NY 14221** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LAMOURE, PIERRE J
99 CHAPEL WOODS
WILLIAMSVILLE, NY 14221** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SEGNERE, PATRICK M
9625 THE MAPLES
CLARENCE, NY 14031** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
DR. MICHAEL GAGLIO
6585 ASHFORD COURT
E. AMHERST NY 14051** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #