2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# F98000007140

Entity Name: IVOCLAR VIVADENT, INC.

Current Principal Place of Business:

175 PINEVIEW DRIVE
AMHERST, NY 14228 US

New Principal Place of Business:

Current Mailing Address:

175 PINEVIEW DRIVE
AMHERST, NY 14228 US

New Mailing Address:

FEI Number: 16-1287874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GANLEY, ROBERT A
Address: 102 HUNTINGTON COURT
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: V ( ) Delete
Name: KINGSTON, THOMAS C
Address: 47 BELVOIR ROAD
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: V ( ) Delete
Name: TYSOWSKY, GEORGE W
Address: 330 WOOD ACRES DRIVE
City-St-Zip: EAST AMHERST, NY 14051

Title: V ( ) Delete
Name: KORMAN, ALAN S
Address: 30 COVENT GARDEN
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: V ( ) Delete
Name: LAMOURE, PIERRE J
Address: 99 CHAPEL WOODS
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: V ( ) Delete
Name: SEGNERE, PATRICK M
Address: 9625 THE MAPLES
City-St-Zip: CLARENCE, NY 14031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. KINGSTON VP 02/04/2009

Electronic Signature of Signing Officer or Director Date