2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# F99000002871

Entity Name: ORMCO CORPORATION

Current Principal Place of Business:

100 BAYVIEW CIRCLE, NORTH TOWER, ST. 6000
ATTN: SANDRA CARBERRY
NEWPORT BEACH, CA 92660

New Principal Place of Business:

1717 WEST COLLINS AVENUE
ATTN: GINA NESE, LEGAL DEPARTMENT
ORANGE, CA 92867

Current Mailing Address:

100 BAYVIEW CIRCLE, NORTH TOWER, ST. 6000
ATTN: SANDRA CARBERRY
NEWPORT BEACH, CA 92660

New Mailing Address:

1717 WEST COLLINS AVENUE
ATTN: GINA NESE, LEGAL DEPARTMENT
ORANGE, CA 92867

FEI Number: 33-0463207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT 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: TUTTLE, DONALD
Address: 1717 WEST COLLINS AVENUE
City-St-Zip: ORANGE, CA 92867

Title: D (X) Delete
Name: EVEN, DANIEL E
Address: 1717 WEST COLLINS AVENUE
City-St-Zip: ORANGE, CA 92867

Title: AS (X) Delete
Name: SANDRA, CARBERRY S
Address: 100 BAYVIEW CIRCLE, NORTH TOWER, ST. 6000
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VPT ( ) Delete
Name: BLACKBURN, VALLEN
Address: 1717 WEST COLLINS AVENUE
City-St-Zip: ORANGE, CA 92867

Title: SD ( ) Delete
Name: CLINEFF, MARK A
Address: 1717 WEST COLLINS AVENUE
City-St-Zip: ORANGE, CA 92867

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: TUTTLE, DONALD
Address: 1717 WEST COLLINS AVENUE
City-St-Zip: ORANGE, CA 92867

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: MARK A CLINEFF SEC 05/09/2007
Electronic Signature of Signing Officer or Director Date