

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002876

FILED  
Apr 26, 2010  
Secretary of State

Entity Name: DENTSPLY PROSTHETICS U.S. LLC

**Current Principal Place of Business:**

SUSQUEHANNA COMMERCE CENTER  
221 W. PHILADELPHIA STREET  
YORK, PA 147050872

**New Principal Place of Business:**

570 WEST COLLEGE AVENUE  
YORK, PA 17404

**Current Mailing Address:**

SUSQUEHANNA COMMERCE CENTER  
221 W. PHILADELPHIA STREET  
YORK, PA 147050872

**New Mailing Address:**

SUSQUEHANNA COMMERCE CENTER  
221 W. PHILADELPHIA STREET C/O TAX  
YORK, PA 17401

FEI Number: 25-1587471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**MANAGING MEMBERS/MANAGERS:**

Title: CEM  
Name: WISE, BRET W  
Address: 221 W. PHILADELPHIA STREET  
City-St-Zip: YORK, PA 17401

Title: VPM  
Name: SLOR, JAN  
Address: 221 W. PHILADELPHIA STREET  
City-St-Zip: YORK, PA 17401

Title: SECM  
Name: ADDISON, BRIAN M  
Address: 221 W. PHILADELPHIA STREET  
City-St-Zip: YORK, PA 17401

Title: TREM  
Name: REARDON, WILLIAM E  
Address: 221 W. PHILADELPHIA STREET  
City-St-Zip: YORK, PA 17401

Title: VPM  
Name: WINTERS, ROBERT J  
Address: 221 W. PHILADELPHIA STREET  
City-St-Zip: YORK, PA 17401

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT J. WINTERS

VPM

04/26/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date