

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002876

FILED
Apr 30, 2012
Secretary of State

Entity Name: DENTSPLY PROSTHETICS U.S. LLC

Current Principal Place of Business:

570 WEST COLLEGE AVENUE
YORK, PA 17404

New Principal Place of Business:

Current Mailing Address:

SUSQUEHANNA COMMERCE CENTER
221 W. PHILADELPHIA STREET C/O TAX STE 60W
YORK, PA 17401

New Mailing Address:

FEI Number: 25-1587471 **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

MANAGING MEMBERS/MANAGERS:

Title: CEM
Name: WISE, BRET W
Address: 221 W. PHILADELPHIA STREET STE 60W
City-St-Zip: YORK, PA 17401

Title: VPM
Name: SLOR, JAN
Address: 221 W. PHILADELPHIA STREET STE 60W
City-St-Zip: YORK, PA 17401

Title: SECM
Name: RASIN, DEBORAH M
Address: 221 W. PHILADELPHIA STREET STE 60W
City-St-Zip: YORK, PA 17401

Title: TREM
Name: REARDON, WILLIAM E
Address: 221 W. PHILADELPHIA STREET STE 60W
City-St-Zip: YORK, PA 17401

Title: VPM
Name: WINTERS, ROBERT J
Address: 221 W. PHILADELPHIA STREET STE 60W
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

04/30/2012

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