SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P23444** **(3)**

1. Corporation Name

ORMCO CORPORATION

Principal Place of Business	Mailing Address
Sybron International Corporation ~~%SYBRON CORPORATION~~ 411 E WISCONSIN AVE. MILWAUKEE WI 53202	Sybron International Corporation ~~%SYBRON CORPORATION~~ 411 E WISCONSIN AVE. MILWAUKEE WI 53202

3. Date Incorporated or Qualified: **03/16/1989**
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business
21 **1717 West Collins Avenue**
22 Suite, Apt. #, etc.
23 City & State: **Orange, CA**
24 Zip: **92667** 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: **13-3326828** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AS	☐ DELETE	11 TITLE	D	☐ Change ☒ Addition
NAME	HARRIS, R. JEFFREY		12 NAME	Mark Clineff	
STREET ADDRESS	411 E. WISCONSIN AVE.		13 STREET ADDRESS	1717 West Collins Avenue	
CITY-ST-ZIP	MILWAUKEE WI		14 CITY-ST-ZIP	Orange, CA 92667	
TITLE	DV	☒ DELETE	21 TITLE	V	☐ Change ☒ Addition
NAME	KEYLER, CHARLES S		22 NAME	John Trapani	
STREET ADDRESS	1332 S LONE HILL AVE		23 STREET ADDRESS	1717 West Collins Avenue	
CITY-ST-ZIP	GLENDORA CA		24 CITY-ST-ZIP	Orange, CA 92667	
TITLE	VT	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	WALLER, GREGORY D		32 NAME		
STREET ADDRESS	1332 S LONE HILL AVE		33 STREET ADDRESS	1717 West Collins Avenue	
CITY-ST-ZIP	GLENDORA, CA		34 CITY-ST-ZIP	Orange, CA 92667	
TITLE	AT	☐ DELETE	41 TITLE	AT	☐ Change ☒ Addition
NAME	BUONO, JOHN		42 NAME	Dennis Brown	
STREET ADDRESS	411 E WISCONSIN AVE		43 STREET ADDRESS	411 E. Wisconsin Avenue	
CITY-ST-ZIP	MILWAUKEE WI		44 CITY-ST-ZIP	Milwaukee, WI 53202	
TITLE	PCD	☐ DELETE	51 TITLE		☒ Change ☐ Addition
NAME	PICKRELL, FLOYD W., JR		52 NAME		
STREET ADDRESS	1332 SOUTH LONE HILL		53 STREET ADDRESS	1717 West Collins Avenue	
CITY-ST-ZIP	GLENDORA CA		54 CITY-ST-ZIP	Orange, CA 92667	
TITLE	DVM	☐ DELETE	61 TITLE		☒ Change ☐ Addition
NAME	EVEN, DANIEL E		62 NAME		
STREET ADDRESS	1332 SOUTH LONE HILL		63 STREET ADDRESS	1717 West Collins Avenue	
CITY-ST-ZIP	GLENDORA CA		64 CITY-ST-ZIP	Orange, CA 92667	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Gregory D. Waller 6/27/96 (414) 274-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #