

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
SYBRON INTERNATIONAL CORPORATION
1717 WEST COLLINS AVENUE
ORANGE CA 92667
US

Mailing Address
SYBRON INTERNATIONAL CORPORATION
411 E WISCONSIN AVE.
MILWAUKEE WI 53202
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/1989	3a. Date of Last Report 07/02/1996
4. FEI Number 13-3326828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLINEFF, MARK	
STREET ADDRESS	1717 WES COLLINS AVENUE	
CITY-ST-ZIP	ORANGE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TRAPANI, JOHN	
STREET ADDRESS	1717 WEST COLLINS AVENUE	
CITY-ST-ZIP	ORANGE CA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WALLER, GREGORY D	
STREET ADDRESS	1717 WEST COLLINS AVENUE	
CITY-ST-ZIP	ORANGE CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BROWN, DENNIS	
STREET ADDRESS	411 E. WISCONSIN AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	PICKRELL, FLOYD W., JR	
STREET ADDRESS	171 WEST COLINS AVENUE	
CITY-ST-ZIP	ORANGE CA	
TITLE	DVM	<input type="checkbox"/> DELETE
NAME	EVEN, DANIEL E	
STREET ADDRESS	171 WEST COLLINS AVEUE	
CITY-ST-ZIP	ORANGE CA	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 registered or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

Gregory D. Waller, VP & Treasurer

414-274-6620

CR2E034 (4/97)

FILED
Sep 03 1997 8:00am
Secretary of State