## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED	
May 13 1998 8:00an	1
Secretary of State	

1. Corporation Name NOBEL BIOCARE USA, INC.  Principal Place of Business Mailing Address 777 OAKMONT LANE SUITE 100 WESTMONT IL 60559 WESTMONT IL 60559									DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
								<del></del>			06/03/1992	
2. Principal Place of Business					2a. Mailing Address						4. FEI Number Applied For 04-2810281 Not Applicable	
Suite, Apt.	#, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired S8.75 Additional	
22				27	<del></del>						Fee Required	
City & Stat	e			28	City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip		Cou	untry		Zip			Country			8. This corporation owes or has paid the current year Intangible	
24	<u> </u>	25		29			30	- ·			Personal Property Tax due June 30. Yes No	
<del></del> -	CORPOR		dress of Current	нед	stered Ager	11		81	Name		10. Name and Address of New Registered Agent	
			LAND ROAD					82			ass (P.O. Box Number is Not Acceptable)	
	ANTATION								Suger	Addie	ass (r.o. Box Number is not Acceptable)	
								83				
								84	City		FL 85 Zip Code	
11. Pursuant	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.											
agent. I a	registered ag im <b>fam</b> iliar w	jent, or t ith, and i	oom, in the State c accept the obligat	ions i	of Section 60	nange was a 0 <b>7.0505</b> , Fid	numori Orida S	ized by Statutes	the cor S.	poratio	on s board of directors. I hereby accept the appointment as registered	
SIGNATURE	Sicoshwa lunari	Locusting	name of registered agent	Land te	a if secheable	/N/C)TI	Donist	fored Age	ol s.coalus	0.000.00	d when reinstaling) DATE	
12.	Signature, typico	to particular	OFFICERS AND			(NOII)		3.	in signatur	r regores	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P					DELETE	1.	1 TITLE		C	Change XI Addition	
NAME	DERLET		1.2 N#			2 NAME		LIVAEL CROME!				
STREET ADDRESS 777 OAKMONT LANE STE 100 WASTMONT IL					1.3 ST				ADDRESS		77_OAKHOUT LAME # 100	
CITY-ST-ZIP	CFO	UNIIL				DOLETE	_	4 CITY-S	1-ZIP	\ <u>\</u> \	VEST 40 UT 12 60559	
TITLE	KLAWAN	IC GAI	ov		Ы	DELETE	- 1	1 TITLE		1,41	(E PRESIDENT Change A Addition	
NAME			LANE STE E 10	10				2 NAME		DN	D JOHANSON ANE, IF 100	
STREET ADDRESS	WASTM		Date over 1	00			- 1		ADDRESS		NEST NO NT 1 12 60559	
CITY-ST-ZIP TITLE	CEO					DELETE		4 CITY-S	SI - ZIP	¥	Change Addition	
NAME	FORSG	REN. JA	CK		h-ral		1	2 NAME			الماليون الم	
STREET ADDRESS			LANE STE 100						ADDRESS			
CITY-ST-ZIP	WASTM						1	4. CITY-S		)	,	
TITLE	D				10	DELETE	4.	1 TITLE		1	☐ Change ☐ Addition	
NAME	SUNDQI				• •		4.	2 NAME		[		
STREET ADDRESS			LANE, STE. 10	0			4.3	3 STREET	ADDRESS			
CITY-ST-ZIP	WESTM	ONT IL	<del> </del>				4.4	4 CITY - S	T-ZIP			
TITLE						DELETE		1 TITLE			Change Addition	
NAME								2 NAME				
STREET ADDRESS									address			
CITY-ST-ZIP					···	DELETE		4 CHY-S	T - 21P	ļ	Change Addition	
TITLE					L.J	PELEIE	1	1 TITLE		}	Change Addition	
NAME OTDEET ANNAECS								2 NAME	ANDOLOG			
STREET ADORESS CITY-ST-ZIP									ADDRESS			
0111-91-ZIF						<u> </u>		4 CITY-SI	1-21	L		

14. I 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 supplements 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 reliever or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed in our attainment with an address.