2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2018
Secretary of State
CC3772462040

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Entity Name: SCION DENTAL, INC.

Current Principal Place of Business:

N92 W14612 ANTHONY AVE.
MENOMONEE FALLS, WI 53051

Current Mailing Address:

W140N8981 LILLY ROAD
MENOMONEE FALLS, WI 53051 US

FEI Number: 26-4595216

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title	CHAIRMAN, DIRECTOR	Title	CEO, DIRECTOR
Name	KASTEN, CRAIG R	Name	BORCA, GREGORY J
Address	10201 NORTH PORT WASHINGTON ROAD	Address	10201 NORTH PORT WASHINGTON ROAD
City-State-Zip:	MEQUON WI 53092	City-State-Zip:	MEQUON WI 53092
Title	CFO, TREASURER	Title	PRESIDENT
Name	PURKO, JAMES P	Name	SCHAAK, JOHN C
Address	W140N8981 LILLY ROAD	Address	W140N8981 LILLY ROAD
City-State-Zip:	MENOMONEE FALLS WI 53051	City-State-Zip:	MENOMONEE FALLS WI 53051
Title	SECRETARY		
Name	BERRYMAN, STEVEN J		
Address	W140N8981 LILLY ROAD		
City-State-Zip:	MENOMONEE FALLS WI 53051		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES P. PURKO CFO, TREASURER 04/30/2018

Electronic Signature of Signing Officer/Director Detail — Date