

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001538

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 OFFICE 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
Name KASTEN, CRAIG R
Address 10201 NORTH PORT WASHINGTON
ROAD
City-State-Zip: MEQUON WI 53092

Title CFO, SECRETARY, TREASURER
Name SWEENEY, LISA A
Address W140N8981 LILLY ROAD
City-State-Zip: MENOMONEE FALLS WI 53051

Title CEO, DIRECTOR
Name BORCA, GREGORY J
Address 10201 NORTH PORT WASHINGTON
ROAD
City-State-Zip: MEQUON WI 53092

Title PRESIDENT
Name SCHAAK, JOHN C
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: JOHN C SCHAAK

PRESIDENT

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date