

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000007140

Entity Name: IVOCLAR VIVADENT, INC.**Current Principal Place of Business:**175 PINEVIEW DRIVE
AMHERST, NY 14228**Current Mailing Address:**175 PINEVIEW DRIVE
AMHERST, NY 14228 US**FEI Number:** 16-1287874**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT
Name GANLEY, ROBERT A
Address 175 PINEVIEW DRIVE
City-State-Zip: AMHERST NY 14228

Title VP
Name KINGSTON, THOMAS C
Address 175 PINEVIEW DRIVE
City-State-Zip: AMHERST NY 14228

Title VP
Name TYSOWSKY, GEORGE W
Address 175 PINEVIEW DRIVE
City-State-Zip: AMHERST NY 14228

Title VP
Name ANDERS, SARAH
Address 175 PINEVIEW DRIVE
City-State-Zip: AMHERST NY 14228

Title VP
Name LAMOURE, PIERRE J
Address 175 PINEVIEW DRIVE
City-State-Zip: AMHERST NY 14228

Title VP
Name LEDFORD, WAYNE
Address 175 PINEVIEW DRIVE
City-State-Zip: AMHERST NY 14228

Title VP
Name GAGLIO, MICHAEL
Address 175 PINEVIEW DRIVE
City-State-Zip: AMHERST NY 14228

Title VP - FINANCE
Name FRAASS, ROBERT
Address 175 PINEVIEW DRIVE
City-State-Zip: AMHERST NY 14228

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: THOMAS KINGSTON

VP

01/13/2014

Electronic Signature of Signing Officer/Director Detail_____
Date