

1.) CORPORATION NAME:

**Trophy Dental Inc.**

DUE DATE: **11/30/2011**

SCC ID NO: **03123122**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**REGISTERED AGENT SOLUTIONS, INC.**

**7288 HANOVER GREEN DRIVE**

**MECHANICSVILLE, VA 23111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 VERONA ST

CITY/ST/ZIP: ROCHESTER, NY 14608-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PATRIK ERIKSSON  
TITLE: PRESIDENT  
ADDRESS: 150 VERONA STREET  
CITY/ST/ZIP/CO: ROCHESTER, NY 14608-

OFFICER

DIRECTOR

NAME: RICHARD S HIRSCHLAND  
TITLE: DIRECTOR  
ADDRESS: 150 VERONA STREET  
CITY/ST/ZIP/CO: ROCHESTER, NY 14608-

OFFICER

DIRECTOR

NAME: WALT LINSKOTT  
TITLE: SECRETARY  
ADDRESS: 150 VERONA ST  
CITY/ST/ZIP/CO: ROCHESTER, NY 14608-

OFFICER

DIRECTOR

NAME: ANN SVOBODA  
TITLE: TREASURER  
ADDRESS: 150 VERONA ST  
CITY/ST/ZIP/CO: ROCHESTER, NY 14608-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ WALT LINSKOTT

WALT LINSKOTT, SECRETARY

11/30/2011

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE  
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.