

1.) CORPORATION NAME:

**HENRY SCHEIN, INC.**

DUE DATE: **3/31/2011**

SCC ID NO: **F1285446**

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

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1462**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED  |
|--------|-------------|
| COMMON | 240,000,000 |
| PREFER | 1,000,000   |

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 135 DURYEA RD

CITY/ST/ZIP: MELVILLE, NY 11747-

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.

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | JAMES P BRESLAWSKI                          |  |
| TITLE:          | PRESIDENT                                   |  |
| ADDRESS:        | 135 DURYEA RD                               |  |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747-                         |  |

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | STEVEN PALADINO                             |  |
| TITLE:          | CFO/EVP/D                                   |  |
| ADDRESS:        | 135 DURYEA RD                               |  |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747-                         |  |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | MICHAEL S ETTINGER                          |                                   |
| TITLE:          | SEC/SR VP                                   |                                   |
| ADDRESS:        | 135 DURYEA RD                               |                                   |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747-                         |                                   |

|                 |                                  |  |
|-----------------|----------------------------------|--|
|                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | MARGARET A HAMBURG MD            |  |
| TITLE:          | DIRECTOR                         |  |
| ADDRESS:        | 135 DURYEA ROAD                  |  |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747-              |  |

|                 |                                  |  |
|-----------------|----------------------------------|--|
|                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | STANLEY M BERGMAN                |  |
| TITLE:          | DIRECTOR                         |  |
| ADDRESS:        | 135 DURYEA RD                    |  |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747-              |  |

|                 |                     |   |  |
|-----------------|---------------------|---|--|
| NAME:           | DONALD J KABAT      | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR            |   |  |
| ADDRESS:        | 15 DURYE A ROAD     |   |  |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747- |   |  |
| NAME:           | PAUL K BRONS        | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR            |   |  |
| ADDRESS:        | 135 DURYE A ROAD    |   |  |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747- |   |  |
| NAME:           | LOUIS W SULLIVAN MD | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR            |   |  |
| ADDRESS:        | 153 DURYE A ROAD    |   |  |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747- |   |  |
| NAME:           | PHILIP A LASKAWY    | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR            |   |  |
| ADDRESS:        | 135 DURYE A ROAD    |   |  |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747- |   |  |
| NAME:           | GERALD A BENJAMIN   | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR            |   |  |
| ADDRESS:        | 135 DURYE A ROAD    |   |  |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747- |   |  |
| NAME:           | KARYN MASHIMA       | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR            |   |  |
| ADDRESS:        | 135 DURYE A ROAD    |   |  |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747- |   |  |
| NAME:           | BARRY J ALPERIN     | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR            |   |  |
| ADDRESS:        | 135 DURYE A RD      |   |  |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747- |   |  |
| NAME:           | MARK E MLOTEK       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT      |   |  |
| ADDRESS:        | 135 DURYE A ROAD    |   |  |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747- |   |  |
| NAME:           | NORMAN S MATTHEWS   | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR            |   |  |
| ADDRESS:        | 135 DURYE A ROAD    |   |  |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747- |   |  |
| NAME:           | MARK E MLOTEK       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT      |   |  |
| ADDRESS:        | 135 DURYE A ROAD    |   |  |
| CITY/ST/ZIP/CO: | MELVILLE, NY 11747- |   |  |

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.

|   |   |                          |
|---|---|--------------------------|
| <u>/s/ MICHAEL S ETTINGER</u><br>SIGNATURE OF DIRECTOR/OFFICER<br>LISTED IN THIS REPORT | <u>MICHAEL S ETTINGER, SEC/SR<br/>VP</u><br>PRINTED NAME AND CORPORATE<br>TITLE | <u>3/20/2011</u><br>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.