

1.) CORPORATION NAME:

DOMINION DENTAL USA, INC.

DUE DATE: **6/30/2011**

SCC ID NO: **F1381369**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JAMES C BRINCEFIELD JR

526 KING ST

ALEXANDRIA, VA 22314

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 115 SOUTH UNION STREET SUITE 300

CITY/ST/ZIP: ALEXANDRIA, VA 22314-

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: MITCHELL MCGLYNN
TITLE: PRESIDENT
ADDRESS: 115 S UNION STREET STE 300
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: GARY D ST. HILAIRE
TITLE: CEO/BOD MEMBER
ADDRESS: 2500 ELMERTON AVE
CITY/ST/ZIP/CO: HARRISBURG, PA 17177-

OFFICER

DIRECTOR

NAME: RONALD J DRNEVICH
TITLE: DIRECTOR
ADDRESS: 2500 ELMERTON AVE
CITY/ST/ZIP/CO: HARRISBURG, PA 17177-

OFFICER

DIRECTOR

NAME: WILLIAM LEHR, JR.
TITLE: DIRECTOR
ADDRESS: 2500 ELMERTON AVE
CITY/ST/ZIP/CO: HARRISBURG, PA 17177-

OFFICER

DIRECTOR

NAME: MICHAEL R CLEARY
TITLE: TREASURER
ADDRESS: 2500 ELMERTON AVE
CITY/ST/ZIP/CO: HARRISBURG, PA 17177-

OFFICER

DIRECTOR

NAME: GLENN P HEISEY TITLE: SECRETARY ADDRESS: 2500 ELMERTON AVE CITY/ST/ZIP/CO: HARRISBURG, PA 17177-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DEBRA B COHEN TITLE: DIRECTOR ADDRESS: 2500 ELMERTON AVE CITY/ST/ZIP/CO: HARRISBURG, PA 17177-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL J DAVIS, JR. TITLE: COO ADDRESS: 115 S UNION STREET SUITE 300 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KARA N GREENHOUSE TITLE: ASST SECRETARY ADDRESS: 115 S UNION ST SUITE 300 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> 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.		
<u>/s/ KARA N GREENHOUSE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KARA N GREENHOUSE, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>6/28/2011</u> 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.		