

No. <b>C 166303</b>		<b>Due no later than Apr 30, 2013</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  GROUP DENTAL SERVICE, INC. STEPHEN RUDNIC 6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA MD 20817 USA		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ETHAN D FOXMAN	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
DIRECTOR	JOHN J RUHLMANN	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
DIRECTOR	ANDREW L ASHER	6705 ROCKLEDGE DR SUITE 900	BETHESDA	MD	USA	20817	
DIRECTOR	SHIRLEY R SMITH	6705 ROCKLEDGE DR SUITE 900	BETHESDA	MD	USA	20817	
DIRECTOR	RALPH H FOXMAN	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
DIRECTOR	MICHAEL D BAHR	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
SECRETARY	SHIRLEY R SMITH	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
TREASURER	JOHN J RUHLMANN	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
DIRECTOR	ETHAN FOXMAN	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
5. Organized Under the Laws of:  <b>MD</b> <b>C 166303</b>		6. Annual Report must be signed.* Signature: Shirley R Smith Name (type or print): Shirley R Smith  Date: 04/26/2013 Title: Secretary					
Processed 04/26/2013		* Electronically provided signatures are accepted as original signatures.					