

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 702947 (3)

1. Corporation Name

THE TRUSS PLATE INSTITUTE, INC.



Principal Place of Business

583 D'ONOFRIO DRIVE  
SUITE 200  
MADISON WI 53719

Mailing Address

583 D'ONOFRIO DRIVE  
SUITE 200  
MADISON WI 53719

3. Date Incorporated or Qualified  
09/27/1961

3a. Date of Last Report  
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

52-0886039

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

24

25

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	MD	<input type="checkbox"/> DELETE
NAME	GOEHRING, CHARLES B.	
STREET ADDRESS	583 D'ONOFRIO DRIVE, SUITE 200	
CITY-ST-ZIP	MADISON WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARNDEN, CHARLES	
STREET ADDRESS	1731 S.W. 7TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COTANDA, DIONEL	
STREET ADDRESS	13015 N. NEBRASKA AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	BLACK, WILLIAM	
STREET ADDRESS	SOUNDSSIDE RAOD	
CITY-ST-ZIP	EDENTON NC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TURNBULL, WILLIAM T.	
STREET ADDRESS	1307 W. SIXTH ST., #114	
CITY-ST-ZIP	CORONA CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHWITTER, ANDY	
STREET ADDRESS	1101 N. GREAT SOUTHWEST PARKWAY	
CITY-ST-ZIP	ARLINGTON TX	

1.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas Manenti	
1.3 STREET ADDRESS	14515 N. Outer Forty Rd., Ste. 300	
1.4 CITY-ST-ZIP	St. Louis, MO	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Black, William	
4.3 STREET ADDRESS	Soundside Road	
4.4 CITY-ST-ZIP	Edenton, NC	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Turnbull, William T.	
5.3 STREET ADDRESS	10370 Hemat St., Ste. 200	
5.4 CITY-ST-ZIP	Riverside, CA	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles B. Goehring* 2/16/96

608-833-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)