

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 53719-2600

3. Date Incorporated or Qualified: 09/27/1961
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	52-0886039	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

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 _____ (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	1.1 TITLE	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOEHRING, CHARLES B.	1.2 NAME	Harnden, Charles
STREET ADDRESS	583 D'ONOFRIO DRIVE, SUITE 200	1.3 STREET ADDRESS	1731 SW 7th Avenue
CITY - ST - ZIP	MADISON WI	1.4 CITY - ST - ZIP	Pompano Beach, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDEN, CHARLES	2.2 NAME	Whatley, Thomas
STREET ADDRESS	1731 S.W. 7TH AVENUE	2.3 STREET ADDRESS	Highway 198 North
CITY - ST - ZIP	POMPANO BEACH FL	2.4 CITY - ST - ZIP	Mabank, TX
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTANDA, DIONEL	3.2 NAME	Cotanda, Dionel
STREET ADDRESS	13015 N. NEBRASKA AVENUE	3.3 STREET ADDRESS	13015 Nebraska Avenue
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	Tampa, FL
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, WILLIAM	4.2 NAME	Black, William
STREET ADDRESS	SOUNDSIDE RAOD	4.3 STREET ADDRESS	Soundside Road
CITY - ST - ZIP	EDENTON NC	4.4 CITY - ST - ZIP	Edenton, NC
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNBULL, WILLIAM T.	5.2 NAME	Manenti, Thomas
STREET ADDRESS	10370 HEMET ST, STE 200	5.3 STREET ADDRESS	14515 N. Outer Forty Rd. #300
CITY - ST - ZIP	RIVERSIDE CA	5.4 CITY - ST - ZIP	St. Louis, MO
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWITTER, ANDY	6.2 NAME	Schwitter, Andy
STREET ADDRESS	1101 N. GREAT SOUTHWEST PARKWAY	6.3 STREET ADDRESS	1101 N. Great Southwest Pkwy
CITY - ST - ZIP	ARLINGTON TX	6.4 CITY - ST - ZIP	Arlington, TX

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* DATE: 1/15/97

CR2E037 (9/96)