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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/27/1961
4. FEI Number 52-0886039
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANENTI, THOMAS	
STREET ADDRESS	14515 N OUTER FORTY RD #300	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HARNDEN, CHARLES	
STREET ADDRESS	1731 S.W. 7TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COTANDA, DIONEL	
STREET ADDRESS	13015 N. NEBRASKA AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACK, WILLIAM	
STREET ADDRESS	SOUNDSIDE RAOD	
CITY-ST-ZIP	EDENTON NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNBULL, WILLIAM T.	
STREET ADDRESS	10370 HEMET ST, STE 200	
CITY-ST-ZIP	RIVERSIDE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWITTER, ANDY	
STREET ADDRESS	1101 N. GREAT SOUTHWEST PARKWAY	
CITY-ST-ZIP	ARLINGTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Whatley, Thomas	
1.3 STREET ADDRESS	Highway 198 North	
1.4 CITY-ST-ZIP	Mabank, TX 75147	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Harnden, Charles	
2.3 STREET ADDRESS	1731 SW 7th Avenue	
2.4 CITY-ST-ZIP	Pompano Beach, FL 33061	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cotanda, Dionel	
3.3 STREET ADDRESS	13015 N. Nebraska Avenue	
3.4 CITY-ST-ZIP	Tampa, FL 33682	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Masengill, Wayne	
4.3 STREET ADDRESS	1002 Buffalo Trail	
4.4 CITY-ST-ZIP	Morristown, TN 37814	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 if changed, or on an attachment with an address.

SIGNATURE: *Charles B. Harnden* **REQUIRED**

1-20-98

CR2E037 (10/97)

TRUSS PLATE INSTITUTE, INC.
EXECUTIVE BOARD OF DIRECTORS - 1998

PRESIDENT

DIONEL COTANDA
Robbins Manufacturing Co.
P.O. Box 17939
Tampa, FL 33682
813-972-1135

DIRECTOR

WILLIAM BLACK
Tee-Lok Corporation
P.O. Box 585
Edenton, NC 27932
919-482-2178

VICE PRESIDENT

CHARLES HARNDEN
Alpine Engineered Products
P.O. Box 2225
Pompano Beach, FL 33061
305-781-3333

DIRECTOR

WAYNE MASENGILL
Cherokee Metal Products, Inc.
P.O. Box 1520
Morristown, TN 37816
423-586-7831

TREASURER/SECRETARY

THOMAS WHATLEY
Eagle Metal Products
P.O. Box 1267
Mabank, TX 75147
903-887-3581

DIRECTOR

ANDY SCHWITTER
Truswal Systems Corporation
1101 N. Great Southwest Pkwy.
Arlington, TX 76011
817-633-5100

PAST PRESIDENT

THOMAS MANENTI
MiTek Industries, Inc.
P.O. Box 7359
St. Louis, MO 63177
314-434-1200

DIRECTOR

WILLIAM TURNBULL
Computrus, Inc.
10370 Hemet St., Ste. 200
Riverside, CA 92503
909-343-1302