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

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 702947 1. Corporation Name

THE TRUSS PLATE INSTITUTE, INC.

Principal Place of Business
583 D'ONOFRIO DRIVE
SUITE 200
MARIOON WE COMA

Mailing Address

583 D'ONOFRIO DRIVE SUITE 200



MADISON WI	53719	MADISON WI 53719				
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	
21		26			09/27/1961	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For 52-0886039 Not Applicable	
22		27				
City & State	9	City & State			5. Certificate of Status Desired Fee Required	
Zip	Country	Zip	Count	rv		
24	25	29 3	_	.,	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
24	9. Name and Address of Current	1	<u> </u>		10. Name and Address of New Registered Agent	
	o. Hame and Address of Carron.	. togiotorou / tgom	8	1 Name		
CT COPP	ODATION SYSTEM					
	ORATION SYSTEM INE ISLAND ROAD		8	Street	t Address (P.O. Box Number is Not Acceptable)	
ř.			E	3	- 1000	
PLANIAII	ON FL 33324					
			8	4 City	FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the abo	ve-named	d corporation submits this statement for the purpose of changing its registered	
l office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut	norizea t	y the corp	poration's board of directors. I hereby accept the appointment as registered	
	m tamiliar with, and accept the obligation	ons of, Section 617.0505, Florid	ia Statut	53.	<u>'</u>	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered A	gent signature	e required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN A	
TITLE	PD	DELETE	1.1 TITL	Ξ	Sec./Tres. Change Change	
NAME	MANENTI, THOMAS	/ <b>V</b>	1.2 NAM	E	Ron Donnini	
STREET ADDRESS	14515 N OUTER FORTY RD #30	00	1.3 STR	EET ADDRESS	s 2820 N. Great SW Pkwy.	
CITY-ST-ZIP	ST LOUIS MO	١.,	1.4 CITY	-ST-ZIP	Grand Prairie, TX 75050	
TITLE	VP	DELETE	2.1 TITL	E	VP ⊠ Change ☐ Addition	
NAME	HARNDEN, CHARLES		2.2 NAM	E	Tom Whatley	
STREET ADDRESS	1731 S.W. 7TH AVENUE		23 STR	EET ADDRESS	1	
CITY-ST-ZIP	POMPANO BEACH FL		1	/- \$T- ZIP	Mabank, TX 75147	
TITLE	P	☐ DELETE	3.1 TITU		D - Change MAddition	
NAME	COTANDA, DIONEL		3.2 NAM	E	Wayne Masengill	
STREET ADDRESS	13015 N. NEBRASKA AVENUE		1	- EET ADDRESS	1 7	
	TAMPA FL			r-ST-ZIP	Morristown, TN 37816	
CITY-ST-ZIP TITLE	D	☐ DELETE	4,1 T/TL		Change Addition	
NAME	BLACK, WILLIAM		4, 2 NA		Thomas Manenti	
STREET ADDRESS	SOUNDSIDE RAOD			EET ADDRESS	s 14515 N. Outer Forty Rd. #300	
CITY-ST-ZIP	EDENTON NC			-ST-ZIP	St. Louis, MO	
TITLE	D	☐ DELETE	5.1 TITL		Change Addition	
NAME	TURNBULL, WILLIAM T.	'-	5.2 NAM			
STREET ADDRESS	10370 HEMET ST, STE 200		5.3 STR	EET ADDRESS	s	
'	RIVERSIDE CA			-ST-ZIP		
CITY-ST-ZIP TITLE	D D	DELETE	6.1 TITL		☐ Change ☐ Addition	
	SCHWITTER, ANDY		6.2 NAM	E		
NAME	1101 N. GREAT SOUTHWEST P.	ADKWAV		= EET ADDRESS	28	
STREET ADDRESS	ARINGTON TY	MANAT		-ST-7IP		
( OID/ OT TIS			■ 0.4 WIY	-01-41	1	

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 trusted impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: