

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90055 050 ****61.25

DOCUMENT # 702947

1. Entity Name

THE TRUSS PLATE INSTITUTE, INC.

00007351



DO NOT WRITE IN THIS SPACE

Principal Place of Business 583 D'ONOFRIO DRIVE SUITE 200 MADISON WI 53719	Mailing Address 583 D'ONOFRIO DRIVE SUITE 200 MADISON WI 53719-2099
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 52-0886039	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D NAME MANENTI, THOMAS STREET ADDRESS 14515 N OUTER FORTY RD #300 CITY-ST-ZIP ST LOUIS MO	<input type="checkbox"/> Delete
TITLE ST NAME DONNINI, RON STREET ADDRESS 2820 N GREAT SW PKWY CITY-ST-ZIP GRAND PRAIRIE TX 75050	<input type="checkbox"/> Delete
TITLE P NAME COTANDA, DIONEL STREET ADDRESS 13015 N. NEBRASKA AVENUE CITY-ST-ZIP TAMPA FL	<input type="checkbox"/> Delete
TITLE D NAME BLACK, WILLIAM STREET ADDRESS SOUND SIDE ROAD CITY-ST-ZIP EDENTON NC	<input type="checkbox"/> Delete
TITLE D NAME TURNBULL, WILLIAM T. STREET ADDRESS 10370 HEMET ST, STE 200 CITY-ST-ZIP RIVERSIDE CA	<input type="checkbox"/> Delete
TITLE D NAME SCHWITTER, ANDY STREET ADDRESS 1101 N. GREAT SOUTHWEST PARKWAY CITY-ST-ZIP ARLINGTON TX	<input type="checkbox"/> Delete

TITLE D NAME Wayne Masengill STREET ADDRESS 1002 Buffalo Trail CITY-ST-ZIP Morristown, TN 37816	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME Donnini, Ron STREET ADDRESS 2820 N. Great SW Pkwy. CITY-ST-ZIP Grand Prairie, TX 75050	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Cotanda, Dionel STREET ADDRESS 13015 N. Nebraska Avenue CITY-ST-ZIP Tampa, FL 33682	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D S/T NAME Tom Whatley STREET ADDRESS Highway 198 North CITY-ST-ZIP Mabank, TX 75147	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE M NAME Charles B. Goehring STREET ADDRESS 583 D'Onofrio Dr., Ste. 200 CITY-ST-ZIP Madison, WI 53719	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME Schwitter, Andy STREET ADDRESS 1101 N. Great SW Pkwy. CITY-ST-ZIP Arlington, TX 76011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* **1/13/2000** **608-833-5900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)