

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90062 024 ****61.25

A0003677



DO NOT WRITE IN THIS SPACE

DOCUMENT # 702947
 1. Entity Name
THE TRUSS PLATE INSTITUTE, INC.

Principal Place of Business Mailing Address
 583 D'ONOFRIO DRIVE 583 D'ONOFRIO DRIVE
 SUITE 200 SUITE 200
 MADISON WI 53719 MADISON WI 53719

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
52-0886039 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Manenti, Thomas 14515 N. Outer Forty Rd. #300 St. Louis, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wayne Masengill 1002 Buffalo Trail Morristown, TN 37814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Turnbull 10370 Hemet St. #200 Riverside, CA 92503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tom Whatley Highway 198 North Mabank, TX 75147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dionel Cotanda 13015 N. Nebraska Ave. Tampa, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charlie Hoover 1950 Marley Drive Haines City, FL 33844

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: *Andy Schwitter* **REQUIRED** 01/03/01 608-833-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

