


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90011 011 ****61.25

DOCUMENT # 702947

1. Entity 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**

94009040

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01212004 Chg-NP CR2E037 (10/03)

4. FEI Number
52-0886039

Applied For
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida 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 S NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE S NAME MANSINGILL, WAYNE STREET ADDRESS 1002 BUFFALO TRAIL CITY-ST-ZIP MORRISTOWN, TN 37814 | <input checked="" type="checkbox"/> Delete | TITLE T NAME Cotanda, Dionel STREET ADDRESS 13025 N. Nebraska Ave. CITY-ST-ZIP Tampa, FL 33612 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE P NAME HOOVER, CHARLIE STREET ADDRESS 1950 MARLEY DRIVE CITY-ST-ZIP HAINES CITY, FL 33844 | <input type="checkbox"/> Delete | TITLE D NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE T NAME WHATLEY, THOMAS STREET ADDRESS HIGHWAY 198 NORTH CITY-ST-ZIP MABANK, TX 75147 | <input type="checkbox"/> Delete | TITLE VP NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME TURNBULL, WILLIAM T. STREET ADDRESS 10370 HEMET ST, STE 200 CITY-ST-ZIP RIVERSIDE, CA | <input type="checkbox"/> Delete | TITLE P NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME SCHWITTER, ANDY STREET ADDRESS 1101 N. GREAT SOUTHWEST PARKWAY CITY-ST-ZIP ARLINGTON, TX | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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)(f), 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* **MANAGING DIR** Date **1/21/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #