

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702947

FILED
Jun 15, 2009
Secretary of State

Entity Name: THE TRUSS PLATE INSTITUTE, INC.

Current Principal Place of Business:

218 NORTH LEE STREET
SUITE 312
ALEXANDRIA, VA 22314

New Principal Place of Business:

Current Mailing Address:

218 NORTH LEE STREET
SUITE 312
ALEXANDRIA, VA 22314

New Mailing Address:

FEI Number: 52-0886039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MASENGILL, WAYNE
Address: 1002 BUFFALO TRAIL
City-St-Zip: MORRISTOWN, TN 37814

Title: T () Delete
Name: HOOVER, CHARLIE
Address: 1950 MARLEY DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: P () Delete
Name: CABLER, STEVE
Address: 14515 N. OUTER FORTY RD #300
City-St-Zip: CHESTERFIELD, MO 63017

Title: PP () Delete
Name: WHATLEY, THOMAS
Address: 2711 LBJ FREEWAY, STE 160
City-St-Zip: DALLAS, TX 75234

Title: S (X) Delete
Name: TURNBULL, WILLIAM T.
Address: 31945 CORYDON RAOD
City-St-Zip: LAKE ELSINORE, CA 92530

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T&S (X) Change () Addition
Name: HOOVER, CHARLIE
Address: 1950 MARLEY DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. CASSIDY

ED

06/15/2009

Electronic Signature of Signing Officer or Director

_____ Date