

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008019

FILED
Jan 17, 2012
Secretary of State

Entity Name: NORTH AMERICAN ASSOCIATION OF UTILITY DISTRIBUTORS, INC.

Current Principal Place of Business:

3025 SANDY LANE
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

PO BOX 1930
LADY LAKE, FL 32158

New Mailing Address:

FEI Number: 82-0570034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COKER, LINDA B
3025 SANDY LANE
THE VILLAGES, FL 32162 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: O
Name: BATCH, RUSTY
Address: 1030 ATLANTA INDUSTRIAL DRIVE
City-St-Zip: MARIETTA, GA 30065

Title: O
Name: REINHARDT, JAMES G
Address: 3105 CORPORATE EXCHANGE COURT
City-St-Zip: BRIDGETON, MO 63044

Title: O
Name: KNOBBE, RALPH
Address: PO BOX 1427
City-St-Zip: GRAND ISLAND, NE 68802

Title: D
Name: NOVAK, PATRICK
Address: 105 25TH STRET
City-St-Zip: NORTH FARGO, ND 58108

Title: D
Name: DECK, GREGG L
Address: PO BOX L
City-St-Zip: BROWNSTOWN, IN 47220

Title: D
Name: ROBERTS, JOHN
Address: PO BOX 490
City-St-Zip: IRON MOUNTAIN, MI 49801

I hereby 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 all other like empowered.

SIGNATURE: LINDA B. COKER

D

01/17/2012

Electronic Signature of Signing Officer or Director

_____ Date