

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003121

FILED
Jan 13, 2012
Secretary of State

Entity Name: THE FOUNDATION FOR DENTAL LABORATORY TECHNOLOGY, INC.

Current Principal Place of Business:

325 JOHN KNOX ROAD L-103
L-103
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

325 JOHN KNOX ROAD L-103
L-103
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 26-2381417 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NAPIER, BENNETT CAE
325 JOHN KNOX ROAD L-103
TALLAHASSEE, FL 32303 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: C
Name: WARNER-WOJDAN, BARBARA CDT
Address: 3659 TAMPA RD
City-St-Zip: OLDSMAR, FL 34677

Title: VC
Name: HERMANIDES, LEON CDT
Address: 15955 NE 85TH ST., STE# 204
City-St-Zip: REDMOND, WA 98052

Title: IPC
Name: DELAPA, R.J. JR, CDT
Address: 187 W EXCHANGE ST
City-St-Zip: AKRON, OH 44302

Title: T
Name: KREYER, ROBERT CDT
Address: 5601 ARNOLD ROAD
City-St-Zip: DUBLIN, CA 94568

Title: T
Name: WALDROP, CHRIS CDT
Address: 131 LYON LANE
City-St-Zip: BIRMINGHAM, AL 35211

Title: T
Name: MARTIN, HENRY CDT
Address: 33 GAMECOCK AVE
City-St-Zip: CHARLESTON, SC 29470

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: BENNETT NAPIER, CAE

ED

01/13/2012

Electronic Signature of Signing Officer or Director

_____ Date