

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -2 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P20665** (6)

1. Corporation Name

**THE FOUNDATION FOR THE MALCOLM BALDRIGE NATIONAL  
QUALITY AWARD, INC.**

Principal Place of Business

Mailing Address

% STEVEN N. FRANK  
P.O. BOX 516, MAILCODE 100-1240  
ST. LOUIS MO 63166-0516

% STEVEN N. FRANK  
P.O. BOX 516, MAILCODE 100-1240  
ST. LOUIS MO 63166-0516

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/29/1988** 3a. Date of Last Report **03/31/1994**

4. FEI Number **59-2891462** Applied For  Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

25 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  
NAME **ALLAIRE, PAUL A**  
STREET ADDRESS **800 LONG RIDGE RD.**  
CITY-ST-ZIP **STAMFORD CT**

1.1 TITLE **P**  Change  Addition  
1.2 NAME **Robert E. Allen**  
1.3 STREET ADDRESS **295 North Maple Avenue**  
1.4 CITY-ST-ZIP **Basking Ridge, NJ 07920**

TITLE **S**  
NAME **FRANK, STEVEN N**  
STREET ADDRESS **BOX 516, M/C 100-1240**  
CITY-ST-ZIP **ST. LOUIS MO**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D**  
NAME **BALDRIGE, ROBER**  
STREET ADDRESS **232 CAUSEWAY**  
CITY-ST-ZIP **LAWRENCE NY**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D**  
NAME **HUDIBURG, JOHN J.**  
STREET ADDRESS **197 COMMODORE DR.**  
CITY-ST-ZIP **JUPITER FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D**  
NAME **HOUGHTON, JAMES R**  
STREET ADDRESS **COORNING, INC. HOUGHTON PARK CB-09**  
CITY-ST-ZIP **CORNING NY**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **D**  Change  Addition  
6.2 NAME **Jerry J. Junkins**  
6.3 STREET ADDRESS **13510 N. Central Expressway, M/S 236**  
6.4 CITY-ST-ZIP **Dallas, Texas 75243**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven N. Frank*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
**Steven N. Frank, Secretary**

2/22/95

(314) 234-8091