

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702947

Entity Name: THE TRUSS PLATE INSTITUTE, INC.

Current Principal Place of Business:

218 NORTH LEE STREET
SUITE 312
ALEXANDRIA, VA 22314

Current Mailing Address:

218 NORTH LEE STREET
SUITE 312
ALEXANDRIA, VA 22314

FEI Number: 52-0886039

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title PP
Name MASENGILL, WAYNE
Address 1002 BUFFALO TRAIL
City-State-Zip: MORRISTOWN TN 37814

Title PRESIDENT
Name CABLER, STEVE
Address 14515 N. OUTER FORTY RD #300
City-State-Zip: CHESTERFIELD MO 63017

Title VP
Name QUISENBERRY, BAIRD
Address 12300 FORD RD., STE. 110
City-State-Zip: DALLAS TX 75234

Title TREASURER
Name BUGBEE, MIKE
Address 5956 W. LAS POSITAS BOULEVARD
City-State-Zip: PLEASANTON CA 94588

Title SECRETARY
Name BRAKEMAN, DAVE
Address 13389 LAKEFRONT DRIVE
City-State-Zip: EARTH CITY MO 63045

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: DAVE BRAKEMAN

SECRETARY

06/01/2014

Electronic Signature of Signing Officer/Director Detail

Date