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.

SECRETARY

SIGNATURE: MIKE BUGBEE

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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

Officer/Director Detail :

Title	PP		Title	Р
Name	MASENGILL, WAYNE		Name	HOOVER, CHARLIE
Address	1002 BUFFALO TRAIL		Address City-State-Zip:	2400 LAKE ORANGE DRIVE SUITE 150
City-State-Zip:	MORRISTOWN TN 37814			ORLANDO FL 32837
Title	VP		Title Name	TREASURER
Name	CABLER, STEVE			
Address	14515 N. OUTER FORTY RD #300			QUISENBERRY, BAIRD
City-State-Zip:	CHESTERFIELD MO 63017		Address	12300 FORD RD., STE. 110
ony onato Lip.			City-State-Zip:	DALLAS TX 75234
Title	SECRETARY			
Name	BUGBEE, MIKE			
Address	5956 W. LAS POSITAS BOULEVARD			
City-State-Zip:	PLEASANTON CA 94588			

FILED Apr 29, 2013 Secretary of State CC8373147250

Certificate of Status Desired: No

04/29/2013

Date

Date