

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702947

**FILED  
Apr 28, 2015  
Secretary of State  
CC9440756996**

**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**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date