

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702947

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC9597127569**

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

Title PAST PRESIDENT  
Name CABLER, STEVE  
Address 16023 SWINGLEY RIDGE RD.  
City-State-Zip: CHESTERFIELD MO 63017

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

Title SECRETARY  
Name BURT, APRIL  
Address 4909 NAUTILUS CT. N  
SUITE 210  
City-State-Zip: BOULDER CO 80301

Title TREASURER  
Name SCHWITTER, MICAHEL  
Address 2820 N. GREAT SOUTHWEST  
PARKWAY  
City-State-Zip: GRAND PRARIE TX 75050

*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: APRIL BURT**

**SECRETARY**

**04/27/2017**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date