

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000260

FILED
Mar 06, 2006
Secretary of State

Entity Name: TRUCKING INDUSTRY LOSS PREVENTION AND SAFETY ASSOCIATION CORPORATION

Current Principal Place of Business:

1000 WALNUT STREET 14TH FLOOR
KANSAS CITY, MO 641062140

New Principal Place of Business:

Current Mailing Address:

5801 FOUNTAIN DR. S.
LAKE WORTH, FL 33467

New Mailing Address:

1551 N FLAGLER DRIVE
1116
WEST PALM BEACH, FL 33401

FEI Number: 43-1627955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CECCHINI, WALTER R
5801 FOUNTAIN DR. S.
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

CECCHINI, WALTER R
1551 N. FLAGLER DRIVE
1116
WEST PALM BEACH, FL 33401 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: WALTER R. CECCHINI JR.

03/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CDST () Delete
Name: CECCHINI, WALTER R JR
Address: 5801 FOUNTAINS DR. S.
City-St-Zip: LAKE WORKS, FL 33467

Title: DP () Delete
Name: CARLSON, HARLEY L
Address: 2530 BRIAR RIDGE DR. #8
City-St-Zip: HOUSTON, TX 77057

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDST (X) Change () Addition
Name: CECCHINI, WALTER R JR
Address: 1551 N. FLAGLER DRIVE # 1116
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WALTER R. CECCHINI JR.

CDST

03/06/2006

Electronic Signature of Signing Officer or Director

Date