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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000000906

1. Corporation Name

CONVEYOR EQUIPMENT MANUFACTURES ASSOCIATION INC.

Principal Place of Business

6724 LONE OAK BLVD.
NAPLES FL 34109

Mailing Address

6724 LONE OAK BLVD.
NAPLES FL 34109



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/16/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		53-0175308	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

REINFRIED, ROBERT A
4885 SHEARWATER LANE
NAPLES FL 34119

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, MIKE B	1.2 NAME	
STREET ADDRESS	9230 E. 47TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO 64133	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTERLONG, B J	2.2 NAME	
STREET ADDRESS	651 N. BURLESON BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURLESON TX 76028	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREMPA, JAMES F	3.2 NAME	
STREET ADDRESS	51200 W. PONTIAC TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	WIXON MI 48393	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUDNER, GREGG E	4.2 NAME	
STREET ADDRESS	2020 HYTROL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JONESBORO AR 72401	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINFRIED, ROBERT A	5.2 NAME	
STREET ADDRESS	6724 LONE OAK BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Fred Sytsma
STREET ADDRESS		6.3 STREET ADDRESS	2020 Bristol Road, N.W.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Grand Rapids, MI 49504

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert A. Reinfried *Exec. V.P.* *1/1/99* *941.514.3441*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)