

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000906

FILED  
Jan 07, 2004  
Secretary of State

**Entity Name:** CONVEYOR EQUIPMENT MANUFACTURES ASSOCIATION INC.

**Current Principal Place of Business:**

6724 LONE OAK BLVD.  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

6724 LONE OAK BLVD.  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 53-0175308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REINFRIED, ROBERT A  
4303 INCA DOVE COURT  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: CASEY, WILLIAM J  
Address: 825 BLACKHAWK DR  
City-St-Zip: WESTMONT, IL 60559

Title: S ( ) Delete  
Name: LAMB, JAMES F  
Address: 1009 1ST STREET  
City-St-Zip: FULTON, IL 61252

Title: T ( ) Delete  
Name: JORGENSEN, MARC  
Address: 10303 N BACHR ROAD  
City-St-Zip: MEQUON, WI 53092

Title: V ( ) Delete  
Name: REINFRIED, ROBERT A  
Address: 6724 LONE OAK BLVD.  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: ALMAREZ, JOHN  
Address: 1300 TRIAD BLVD.  
City-St-Zip: FORT WORTH, TX 76131

Title: P ( ) Delete  
Name: SCHOMBERG, LEE F  
Address: 6870 GRAND HAVEN ROAD  
City-St-Zip: SPRING LAKE, MI 45456

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CASEY, WILLIAM J  
Address: 600 KUEBLER ROAD  
City-St-Zip: EASTON, PA 18040

Title: V (X) Change ( ) Addition  
Name: LAMB, JAMES F  
Address: 1009 1ST STREET  
City-St-Zip: FULTON, IL 61252

Title: S (X) Change ( ) Addition  
Name: JORGENSEN, MARC  
Address: 10303 N BACHR ROAD  
City-St-Zip: MEQUON, WI 53092

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

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

Title: T (X) Change ( ) Addition  
Name: EASTERHOUSE, TOM  
Address: 2041 S. STOUGHTON ROAD  
City-St-Zip: MADISON, WI 53716

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT A. REINFRIED

V

01/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date