

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000906

FILED
Jan 12, 2009
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
3107 TERRAMAR CT.
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: T () Delete
Name: PUGH, WILLIAM
Address: 3931 OREGON ST.
City-St-Zip: BENECIA, CA 94510

Title: S () Delete
Name: SWINDERMAN, TODD
Address: ONE MARTIN PLACE
City-St-Zip: NEPONSET, IL 61345

Title: V () Delete
Name: FANNIN, DAN
Address: 1248 EAST SECOND ST.
City-St-Zip: MAYSVILLE, KY 41056

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

Title: P (X) Delete
Name: THIMMEL, FRED
Address: W1388 ELMWOOD AVENUE
City-St-Zip: IXONIA, WI 53036

Title: D () Delete
Name: HUBER, GEORGE
Address: 2535 CURTISS STREET
City-St-Zip: DOWNERS GROVE, IL 60515

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT A REINFRIED

V

01/12/2009

Electronic Signature of Signing Officer or Director

Date