## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000000906

FILED Jan 04, 2012 Secretary of State

Entity Name: CONVEYOR EQUIPMENT MANUFACTURES ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

6724 LONE OAK BLVD. 5672 STAND CT., SUITE 2 NAPLES, FL 34109 NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

6724 LONE OAK BLVD. 5672 STAND CT., SUITE 2 NAPLES, FL 34109 NAPLES, FL 34110

FEI Number: 53-0175308 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

REINFRIED, ROBERT A 3107 TERRAMAR CT. NAPLES, FL 34119 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

## **OFFICERS AND DIRECTORS:**

Title:

Name: HEATHMAN, JERRY Address: PO BOX 69 City-St-Zip: HUMBOLDT, IA 50548

Title: S

 Name:
 CHANDLER, WARREN

 Address:
 300 FRANKLIN STREET

 City-St-Zip:
 BELLEVILLE, CA K8N 5C8 CA

Title: V

Name: ARKEMA, RON

Address: 1410 WASHINGTON STREET

City-St-Zip: PELLA, IA 50219

Title: \

Name: REINFRIED, ROBERT A
Address: 5672 STRAND CT., SUITE 2
City St. Zin: NAPI ES EL 34110

City-St-Zip: NAPLES, FL 34110

Title: F

 Name:
 HUBER, GEORGE

 Address:
 2535 CURTISS STREET

 City-St-Zip:
 DOWNERS GROVE, IL 60515

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: ROBERT A. REINFRIED V 01/04/2012