

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000910

FILED
Jan 06, 2006
Secretary of State

Entity Name: SCALE MANUFACTURERS 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: 53-0176151

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: P () Delete
Name: NORDEN, R F
Address: 821 LOCUST
City-St-Zip: KANSAS CITY, MO 64106

Title: D () Delete
Name: SCHULLER, ROBERT J
Address: 701 S RIDGE AVE
City-St-Zip: TROY, OH 45374

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

Title: VP () Delete
Name: MANIFOLD, TODD
Address: 1900 POLARIS PARKWAY
City-St-Zip: COLUMBUS, OH 43240

Title: D () Delete
Name: VISCO, JAY
Address: 19 BARTLETT STREET
City-St-Zip: MARLBORO, MA 01752

Title: D (X) Delete
Name: LANGFORD, STEPHEN
Address: 203 DAUGHERTY ST
City-St-Zip: WEBB CITY, MO 64870

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: D (X) Change () Addition
Name: BIETTE, DOUG
Address: 6542 FIG STREET
City-St-Zip: ARVADA, CO 80004

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: ROBERT A. REINFRIED

ED

01/06/2006

Electronic Signature of Signing Officer or Director

Date