## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000000910

FILED Jan 05, 2007 Secretary of State

Entity Name: SCALE MANUFACTURERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6724 LONE OAK BLVD. NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 6724 LONE OAK BLVD. NAPLES, FL 34109 FEI Number: 53-0176151 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 REINFRIED, ROBERT A 4303 INCA DOVE COURT 3107 TERRÁMAR COURT NAPLES, FL 34119 NAPLES, FL 34119 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: ROBERT A. REINFRIED 01/05/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete NORDEN, R F NORDEN, RICHARD G Name: Name: 821 LOCUST Address: 821 LOCUST Address: City-St-Zip: KANSAS CITY, MO 64106 City-St-Zip: KANSAS CITY, MO 64106 Title: Title: (X) Change ( ) Addition ( ) Delete SCHULLER, ROBERT J Name: BEITZEL, STEVEN J Name: Address: 701 S RIDGE AVE Address: 1932 INDUSTRIAL DRIVE City-St-Zip: TROY, OH 45374 City-St-Zip: LIBERTYVILLE, IL 60048 Title: () Delete Title: () Change () Addition REINFRIED, ROBERT A Name: Name: Address: 6724 LONE OAK BLVD. Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: (X) Change ( ) Addition Title: VΡ ( ) Delete Title: MANIFOLD, TODD Name: MANIFOLD, TODD Name: 1900 POLARIS PARKWAY 1900 POLARIS PARKWAY Address: Address: City-St-Zip: COLUMBUS, OH 43240 City-St-Zip: COLUMBUS, OH 43240 Title: () Delete Title: () Change () Addition BIETTE, DOUG Name: Name: Address: 6542 FIG STREET Address: City-St-Zip: ARVADA, CO 80004 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition LANGFORD, STEPHEN Name: Name: Address: Address: 203 EAST DAUGHERTY ST. WEBB CITY, MO 64870 City-St-Zip: 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 01/05/2007