2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003786

DONNELL, BART CDT

101 WHITEHALL DRIVE

SYMINGTON, DON CDT

4801 PALEO PINES CTR

FORT PIERCE, FL 34951

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O'FALLON, IL 62269

Name:

Title:

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Address:

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FILED Jan 07, 2008 Secretary of State

Entity Name: NATIONAL BOARD FOR CERTIFICATION IN DENTAL LABORATORY TECHNOLOGY, INC.

Current Principal Place of Business: New Principal Place of Business: 325 JOHN KNOX ROAD SUITE L-103 TALLAHASSEE, FL 32303 **New Mailing Address: Current Mailing Address:** 325 JOHN KNOX ROAD SUITE L-103 TALLAHASSEE, FL 32303 FEI Number: 54-1838928 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: NAPIER, BENNETT E CAE 325 JOHN KNOX ROAD SUITE L-103 TALLAHASSEE, FL 32303 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **TRUS** (X) Change () Addition () Delete MARTIN, HENRY CDT MARTIN, HENRY CDT Name: Name: 33 GAMECOCK AVE Address: 33 GAMECOCK AVE Address: City-St-Zip: CHARLESTOWN, SC 29407 City-St-Zip: CHARLESTOWN, SC 29407 Title: **TRUS** () Delete Title: () Change () Addition NAKANISHI, DAVID CDT Name: Name: Address: PO BOX 99590 Address: City-St-Zip: BELLEVIEW, WA 98009 City-St-Zip: Title: **TRUS** () Delete Title: **TRUS** (X) Change () Addition TALLEY, ROBERT DDS SHEPPARD, LAURA CDT Name: Name: 5830 CROSSROADS COMMERCE PKWY Address: 4318 S. EASTERN AVENUE Address: City-St-Zip: LAS VEGAS, NV 89119 City-St-Zip: WYOMING, MI 49509 Title: **TRUS** () Delete Title: ED (X) Change () Addition CURRAN, ELIZABETH CDT Name: Name: NAPIER, BENNETT Address: 5855 E. STILL CIRCLE Address: 325 JOHN KNOX ROAD L103 City-St-Zip: MESA, AZ 85206 City-St-Zip: TALLAHASSEE, FL 32303 Title: **TRUS** () Delete Title: () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: BENNETT NAPIER ED 01/07/2008

() Change () Addition