2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008466

FILED Apr 08, 2004 Secretary of State

Entity Name: NATIONAL PLASTERERS COUNCIL FOUNDATION, INC.

New Principal Place of Business: Current Principal Place of Business: 2811-D TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 LIS **Current Mailing Address: New Mailing Address:** 2811-D TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 US FEI Number: 20-0265286 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: BROOKS, MITCHELL T 2811-D TÁMIAMI TRAIL PORT CHARLOTTE, FL 33952 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: (X) Change () Addition () Delete

Title: P () Delete Title: P (X) Change () Ac Name: CHANDLER, BOB Name: ANDERSON, DANA Address: 2401 BONNIE DRIVE Address: 24008 SW MORGAN LA City-St-Zip: REDDING, CA 96001 US REDDING, CA 96001 US

Title: VP () Delete Title: VP (X) Change () Addition Name: ANDERSON, DANA Name: EATON, JAY

 Name:
 ANDERSON, DANA
 Name:
 EATON, JAY

 Address:
 24008 SW MORGAN LANE
 Address:
 2142 E JEFFERSON

 City-St-Zip:
 SHERWOOD, OR 97140 US
 City-St-Zip:
 PHIENIX., AZ 85034 US

Title: S,T () Delete Title: () Change () Addition

 Name:
 KOHLHAS, MICHAEL
 Name:

 Address:
 2 LANCASTER PARKWAY
 Address:

 City-St-Zip:
 LANCASTER, NY 14086 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANA ANDERSON P 04/08/2004