

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001636

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF DENTAL LABORATORIES, INC.

**Current Principal Place of Business:**

325 JOHN KNOX RD - L-103  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

325 JOHN KNOX RD - L-103  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 53-0214880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRASWELL, RICKI CAE  
325 JOHN KNOX RD - L-103  
TALLAHASSEE, FL 32303 US

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

BRASWELL, RICKI CAE  
325 JOHN KNOX RD - 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: RICKI BRASWELL, CAE

01/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STEGMAN, DOUG  
Address: 6619 N 19TH AVE - STE C  
City-St-Zip: PHOENIX, AS 85015

Title: PED ( ) Delete  
Name: GERACE, JOE CDT  
Address: 4024 N HOLLAND SYLVANIA  
City-St-Zip: TOLDO, OH 43623

Title: TD ( ) Delete  
Name: SIKES, LINDY CDT  
Address: 4701 BROOKSHIRE BLVD  
City-St-Zip: HARLOTTE, NC 28216

Title: D ( ) Delete  
Name: THAYER, GREG CDT  
Address: 131 OLD SCHOOLHOUSE LN  
City-St-Zip: MECHANICSBURG, PA 17055

Title: D ( ) Delete  
Name: DONNELL, BART CDT  
Address: 101 WHITEHALL DR  
City-St-Zip: O'FALLON, IL 62269

Title: D ( ) Delete  
Name: BECKER, DICK  
Address: 526 BOSTON POST RD  
City-St-Zip: WAYLAND, MA 01778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PP (X) Change ( ) Addition  
Name: STEGMAN, DOUG  
Address: 6619 N 19TH AVE - STE C  
City-St-Zip: PHOENIX, AS 85015

Title: P (X) Change ( ) Addition  
Name: GERACE, JOE CDT  
Address: 4024 N HOLLAND SYLVANIA  
City-St-Zip: TOLDO, OH 43623

Title: PE (X) Change ( ) Addition  
Name: SIKES, LINDY CDT  
Address: 4701 BROOKSHIRE BLVD  
City-St-Zip: CHARLOTTE, NC 28216

Title: TR (X) Change ( ) Addition  
Name: WALDROP, CHRIS  
Address: 131 LYON LANE  
City-St-Zip: BIRMINGHAM, AL 35211

Title: D (X) Change ( ) Addition  
Name: JACKSON, MARK  
Address: 9591 CENTRAL AVENUE  
City-St-Zip: MONTCLAIR, CA 91763

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: RICKI BRASWELL CAE

ED

01/07/2008

Electronic Signature of Signing Officer or Director

Date