

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001636

FILED
Jan 14, 2009
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:

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

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

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

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

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

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: GERACE, JOE CDT
Address: 2314 BIRCH RUN CT
City-St-Zip: SYLVANIA, OH 43560

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

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

Title: TR (X) Change () Addition
Name: STRONK, JEFF
Address: 3877 S 400 E
City-St-Zip: SALT LAKE CITY, UT 84115

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

Title: D (X) Change () Addition
Name: BECKER, DICK
Address: 2 VISION DRIVE
City-St-Zip: NATICK, MA 01760

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: BENNETT NAPIER

ED

01/14/2009

Electronic Signature of Signing Officer or Director

Date