

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001636

FILED  
Jan 08, 2010  
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  
Name: SIKES, LINDY CDT  
Address: 4701 BROOKSHIRE BLVD  
City-St-Zip: CHARLOTTE, NC 28216

Title: P  
Name: WALDROP, CHRIS CDT  
Address: 131 LYON LANE  
City-St-Zip: BIRMINGHAM, AL 35211

Title: PE  
Name: STRONK, JEFF  
Address: 3877 S 400 E  
City-St-Zip: SALT LAKE CITY, UT 84115

Title: TR  
Name: ROGERS, WARREN  
Address: 3659 TAMPA ROAD  
City-St-Zip: OLDSMAR, FL 34677

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

Title: D  
Name: BECKER, DICK  
Address: 2 VISION DRIVE  
City-St-Zip: NATICK, MA 01760

I hereby 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 all other like empowered.

SIGNATURE: RICKI BRASWELL

ED

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date