

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001636

FILED
Jan 06, 2011
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: ED
Name: NAPIER, BENNETT CAE
Address: 325 JOHN KNOX RD L103
City-St-Zip: TALLAHASSEE, FL 32301

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: BENNETT NAPIER

ED

01/06/2011

Electronic Signature of Signing Officer or Director

Date