2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003121

FILED Jan 13, 2012 Secretary of State

Entity Name: THE FOUNDATION FOR DENTAL LABORATORY TECHNOLOGY, INC.

Current Principal Place of Business: New Principal Place of Business:

325 JOHN KNOX ROAD L-103 L-103

TALLAHASSEE, FL 32303

Current Mailing Address: New Mailing Address:

325 JOHN KNOX ROAD L-103 L-103

TALLAHASSEE, FL 32303

FEI Number: 26-2381417 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:

NAPIER, BENNETT CAE 325 JOHN KNOX ROAD 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: C

Name: WARNER-WOJDAN, BARBARA CDT

Address: 3659 TAMPA RD City-St-Zip: OLDSMAR, FL 34677

Title: VC

 Name:
 HERMANIDES, LEON CDT

 Address:
 15955 NE 85TH ST., STE# 204

 City-St-Zip:
 REDMOND, WA 98052

Title: IPC

Name: DELAPA, R.J. JR, CDT Address: 187 W EXCHANGE ST City-St-Zip: AKRON, OH 44302

Title: T

Name: KREYER, ROBERT CDT Address: 5601 ARNOLD ROAD City-St-Zip: DUBLIN, CA 94568

Title:

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

Title:

Name: MARTIN, HENRY CDT
Address: 33 GAMECOCK AVE
City-St-Zip: CHARLESTON, SC 29470

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, CAE ED 01/13/2012