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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

P20665

(6)

THE FOUNDATION FOR THE MALCOLM BALDRIGE NATIONAL QUALITY AWARD, INC.

riiiupai riau	a of profiless	Maining Address								
% STEVEN N.	FRANK	% STEVEN N. FRANK								
	MAILCODE 100-1240	P.O. BOX 516, MAILCOD		0		,				
ST. LOUIS MO	63166-0516	ST. LOUIS MO 63166-0518				3. Date Incorporated or Qualified	3a. Date of	Last Re	port	
						08/29/1988	04/	17/19	96	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Apr	olied For	
21		26				59-2891462 Not Applicable				
Suite, Apt	#, etc.	Suite, Apt. #, etc.				E. Cortificato of Status Denisor	□ \$8	.75 A	dditional	
22		27				5. Certificate of Status Desired	ا	ee Rec	quired	
City & State	9	City & State				6. Election Campaign Financing			May Be	
23		28	1 0		1	Trust Fund Contribution		dded to		
Zip ∷∃		han han han		Country		8. This corporation has liability for			199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent		30	1		Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	S. Name and Address of Current	uaalstelan wäalit		61	Name	10. Name and Address of New No	Sistered Wildelit			
AT 000	MARATION OVATEN				1401110					
CT CORPORATION SYSTEM				82	Street A	Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND RROAD				83						
PLANIA	TION FL 33324			"						
				84	City		FL 85	Zip C	ode	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statu	les. the a	bove	named o	corporation submits this statement for the c		oina ite	registered	
office or r	egistered agent, or both, in the State of th	of Florida, Such change was tions of Section 617,0503, Fl	authorize	d by	the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	ot the appointme	ent as r	egistered	
SIGNATURE	Trialima was, and accept the conga	110110 01, 00011011 011.0000, 11	OIIOG OL	iuios						
SIGNATURE .	Signature, typed or printed name of registered ager	I and title if applicable (NO	TE: Register	ed Age	nt signature r	equired when reinsiging)	DATE	******		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC				
TrTLE	PD	☐ DELETE	1.11	ITLE		PD	XX c	nange	Addition	
NAME	JUNKINS, JERRY R.		1.2 }	IAME		Deavenport, Earnest W	•		:	
STREET ADDRESS	13510 N. CENTRAL EXPRESS	SWAY, M/S 236	1.3 5	TREET	ADDRESS	P.O. Box 511 NA			·	
CITY-ST-ZIP	DALLAS TX			HTY - S	T-ZIP	Kingsport, TN 37662				
TITLE	S	☐ DELETE	2.1 3	ITLE	1	\$		nange	Addition	
NAME	Frank, Steven N		2.2 1	AME		Frank, Steven N.			_	
STREET ADDRESS	BOX 516, M/C 100-1240				ADDRESS	Intersection McDonnel:	l Blvd. 8	A1:	rport R	
CITY-ST-ZIP	ST. LOUIS MO	TI DECETE		CITY-S	T-ZIP	St. Louis, MO 63134	3130 o		4.449	
TITLE	D BALIODICE DODED	☐ DELETE	3.11			Datina Datas	XX c	лапов	Addition	
NAME	BALDRIGE, ROBER			MME		Baldrige, Robert				
STREET ADORESS	232 CAUSEWAY LAWRENCE NY				ADDRESS	232 Causeway				
CITY-ST-ZIP	D LAWNENCE NT	☐ DELETE		CITY - S	IT-ZIP	Lawrence, NY	L⊒ C	hance	Addition	
TITLE	HUDIBURG, JOHN J.	בַן טבנבונ	4.1 1		İ	Undibuma John 7	L V	idi iyo	- Addition	
NAME	197 COMMODORE DR.			NAME		Hudiburg, John J.				
STREET ADDRESS	JUPITER FL				ADDRESS	197 Commodore Dr.				
CITY-ST-ZIP TITLE	D D	DELETE		ATY-S TILE	r - ZIP	Jupiter, FL	XX c	hanne	Addition	
	DEAVENPORT, DARNIE	[] PELLIE		MME		Deavenport, Earnest W		ren i Åg	LT VOOR(OI)	
NAME CTREET ADDRESS	PO BOX 511 NA				*DDDC		•			
STREET ADDRESS					address	P.O. Box 511 NA				
CITY-ST-ZIP	KINGSPORT TN	☐ DELETE		XTY - S	I - ZIP	Kingsport, TN	হয় ক	hanne	Addition	
TITLE		F"1 DEFEIS		ITLE		Treasurer	ب ب	IN INC	ACM MODITION	
NAME				IAME		Larry Unrein				
STREET ADDRESS			# 635	TREET	ADDRESS	One Oak Way				

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if planged, or on an attachment with an address. RESteven N. Frank 16 Apr 97 314/234-8091

SIGNATURE:

FILED

May 20 1997 8:00am

Secretary of State