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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20665 (6)
1. Corporation Name
THE FOUNDATION FOR THE MALCOLM BALDRIGE NATIONAL QUALITY AWARD, INC.



Principal Place of Business % STEVEN N. FRANK P.O. BOX 516. MAILCODE 100-1240 ST. LOUIS MO 63166-0516	Mailing Address % STEVEN N. FRANK P.O. BOX 516. MAILCODE 100-1240 ST. LOUIS MO 63166-0516
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3. Date Incorporated or Qualified 08/29/1988
4. FEI Number 59-2891462
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 211 N. Broadway Suite, Apt. #, etc. 22 Suite 3600 City & State 23 St. Louis, MO Zip 24 63102	2a. Mailing Address 25 211 N. Broadway Suite, Apt. #, etc. 26 Suite 3600 City & State 27 St. Louis, MO Zip 28 63102	Country 29 USA	Country 30 USA
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable


(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PO <input checked="" type="checkbox"/> DELETE
NAME	JUNKINS, JERRY R.
STREET ADDRESS	13510 N. CENTRAL EXPRESSWAY, M/S 236
CITY-ST-ZIP	DALLAS TX
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	FRANK, STEVEN N
STREET ADDRESS	INTERSECTION MCDONNELL BLVD & AIRPORT RD
CITY-ST-ZIP	ST. LOUIS MO
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BALDRIGE, ROBERT
STREET ADDRESS	232 CAUSEWAY
CITY-ST-ZIP	LAWRENCE NY
TITLE	D <input type="checkbox"/> DELETE
NAME	HUDIBURG, JOHN J.
STREET ADDRESS	197 COMMODORE DR.
CITY-ST-ZIP	JUPITER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DEAVENPORT, DARNIE
STREET ADDRESS	PO BOX 511 NA
CITY-ST-ZIP	KINGSPORT TN
TITLE	T <input type="checkbox"/> DELETE
NAME	UNREIN, LARRY
STREET ADDRESS	1 OAK WAY
CITY-ST-ZIP	BERKELEY HEIGHTS NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Roger G. Ackerman
1.3 STREET ADDRESS	One Riverfront Plaza
1.4 CITY-ST-ZIP	Corning, NY 14831
2.1 TITLE	Vice President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James L. Broadhead
2.3 STREET ADDRESS	700 Universe Blvd.
2.4 CITY-ST-ZIP	Juno Beach, FL 33408
3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John V. Lonsberg
3.3 STREET ADDRESS	211 N. Broadway, Suite 3600
3.4 CITY-ST-ZIP	St. Louis, MO 63102
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Baldrige
4.3 STREET ADDRESS	232 Causeway
4.4 CITY-ST-ZIP	Lawrence, NY
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ernest Deavenport
5.3 STREET ADDRESS	P.O. Box 511 NA
5.4 CITY-ST-ZIP	Kingsport, TN
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address.

SIGNATURE:  **REQUIRED** John V. Lonsberg, Secretary 4/8/98

CR2E037 (1097)