

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008019

Entity Name: NORTH AMERICAN ASSOCIATION OF UTILITY DISTRIBUTORS, INC.**FILED**
Jan 25, 2013
Secretary of State
CC8159435289**Current Principal Place of Business:**3025 SANDY LANE
THE VILLAGES, FL 32162**Current Mailing Address:**PO BOX 1930
LADY LAKE, FL 32158**FEI Number: 82-0570034****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COKER, LINDA B
3025 SANDY LANE
THE VILLAGES, FL 32162 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**Officer/Director Detail :**Title O
Name BATCH, RUSTY
Address 1030 ATLANTA INDUSTRIAL DRIVE
City-State-Zip: MARIETTA GA 30065Title O
Name REINHARDT, JAMES G
Address 3105 CORPORATE EXCHANGE COURT
City-State-Zip: BRIDGETON MO 63044Title O
Name KNOBBE, RALPH
Address PO BOX 1427
City-State-Zip: GRAND ISLAND NE 68802Title D
Name NOVAK, PATRICK
Address 105 25TH STRET
City-State-Zip: NORTH FARGO ND 58108Title D
Name DECK, GREGG L
Address PO BOX L
City-State-Zip: BROWNSTOWN IN 47220Title D
Name ROBERTS, JOHN
Address PO BOX 490
City-State-Zip: IRON MOUNTAIN MI 49801Title EXECUTIVE DIRECTOR
Name COKER, LINDA B
Address PO BOX 1930
City-State-Zip: LADY LAKE FL 32158

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: LINDA B. COKER**EXECUTIVE DIRECTOR****01/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date