

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001636

FILED
Feb 06, 2015
Secretary of State
CC5533300011

Entity Name: NATIONAL ASSOCIATION OF DENTAL LABORATORIES, INC.

Current Principal Place of Business:

325 JOHN KNOX RD - L-103
TALLAHASSEE, FL 32303

Current Mailing Address:

325 JOHN KNOX RD - L-103
TALLAHASSEE, FL 32303

FEI Number: 53-0214880

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAPIER, BENNETT CAE
325 JOHN KNOX RD - 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

Officer/Director Detail :

Title T
Name JERRY, ULASZEK CDT, TE
Address 470 WOODCREEK DRIVE
City-State-Zip: BOLINGBROOK IL 60440

Title P
Name IOCCO, GARY
Address 1945 E 31ST ST
City-State-Zip: HASTINGS MN 55033

Title PE
Name BURDETTE, HAROLD JR., CDT
Address 131 LYON LANE
City-State-Zip: BIRMINGHAM AL 35211

Title T
Name LANIER, DENA
Address 1414 CONCORD BLVD
City-State-Zip: COLUMBUS GA 29407

Title NBC
Name WESTER, THOMAS "BUDDY" CDT, TE
Address 239 RIVER OAKS DR
City-State-Zip: BAINBRIDGE GA 39817

Title ED
Name NAPIER, BENNETT CAE
Address 325 JOHN KNOX RD L103
City-State-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 E. NAPIER

EXECUTIVE DIRECTOR

02/06/2015

Electronic Signature of Signing Officer/Director Detail

Date