

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001980

FILED
Jan 14, 2009
Secretary of State

Entity Name: FEDERAL EQUIPMENT COMPANY

Current Principal Place of Business:

5298 RIVER RD
CINCINNATI, OH 45233

New Principal Place of Business:

Current Mailing Address:

5298 RIVER RD
CINCINNATI, OH 45233

New Mailing Address:

FEI Number: 31-1027984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DAVIS, JACK E
Address: 5488 RIDGEVALE CT
City-St-Zip: MAINEVILLE, OH 45039

Title: PS () Delete
Name: RIDENOUR, DOUGLAS
Address: 3781 SUNBURST RIDGE LN
City-St-Zip: CINCINNATI, OH 45248

Title: TD () Delete
Name: EUBANKS, RONALD
Address: 3116 HERGOTT DRIVE
City-St-Zip: EDGEWOOD, KY 41017

Title: D () Delete
Name: EUBANKS, RICHARD
Address: 1914 FORTSIDE DR
City-St-Zip: FORT MITCHELL, KY 41011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS RIDENOUR

PS

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date