

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005116

FILED
Jan 16, 2008
Secretary of State

Entity Name: EQUIPMENT INSURANCE INTERNATIONAL, INC.

Current Principal Place of Business:

126 S. REILLY RD.
FAYETTEVILLE, NC 28314

New Principal Place of Business:

Current Mailing Address:

126 S. REILLY RD.
FAYETTEVILLE, NC 28314

New Mailing Address:

FEI Number: 56-1406078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D
1267 BERKSHIRE LANE
SUITE 200
TARPON SPRINGS, FL 34688 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: PD () Delete
Name: THOMPSON, GARY A
Address: 1409 NOBLE WAY
City-St-Zip: FLOWER MOUND, TX 75022

Title: ST () Delete
Name: LONG, DEBORAH R
Address: 6720 BURGENFIELD DR
City-St-Zip: FAYETTEVILLE, NC 28314

Title: EV () Delete
Name: BAKER, JOHN J
Address: 2816 BUTTERFIELD STAGE RD.
City-St-Zip: HIGHLAND VILLAGE, TX 75077

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP () Change (X) Addition
Name: HILL, GEORGE T
Address: 300 OAKLAWN
City-St-Zip: BRIGHTON, TN 38011

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: DEBORAH LONG

ST

01/16/2008

Electronic Signature of Signing Officer or Director

_____ Date