


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 820856 1. Entity Name COWIN EQUIPMENT COMPANY, INC.	
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Principal Place of Business 2300 PINSON VALLEY PARKWAY BIRMINGHAM, AL 35217 US	Mailing Address PO BOX 10624 BIRMINGHAM, AL 35202
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0141942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWIN, JOHN J 2300 PINSON VALLEY PKWY BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SEARCY, DAN 2300 PINSON VALLEY PKWY BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TICKLE, GEORGE 2300 PINSON VALLEY PKWY BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWIN, JAMES P. 2300 PINSON VALLEY PKWY. BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000777783 01/10/08-80022-020 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Tickle **1-4-08 (205) 841-6666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #