


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90276 012 \*\*\*150.00

<b>DOCUMENT # F03000004451</b>					
<b>1. Entity Name</b> IMAGEPOINT INC.					
<b>Principal Place of Business</b> 445 SOUTH GAY STREET KNOXVILLE, TN 37902			<b>Mailing Address</b> PO BOX 59043 KNOXVILLE, TN 37950-9043		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04182005    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 62-1218546				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PCD MARTIN, JAMES R PO BOX 59043 KNOXVILLE, TN 379509043	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	STD DEUSCHLE, MARK J PO BOX 59043 KNOXVILLE, TN 379509043	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPD WOOD, KATHRYN C PO BOX 59043 KNOXVILLE, TN 379509043	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP ALFORD, THOMAS B PO BOX 59043 KNOXVILLE, TN 379509043	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP ROHDE, CRAIG PO BOX 59043 KNOXVILLE, TN 379509043	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <i>Mark A. Haub</i>		MARK A. HAUB    4/18/05    865-251-1511			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

# ATTACHMENT

20046627

ImagePoint Inc.

Document#F03000004451

FEIN: 62-1218546

## Line 11 Additions/Changes to Officers and Directors:

Title	Name	Business Address
CEO/P/C/D	James R. Martin	P O Box 59043, Knoxville, TN 379509043
CFO/EV/S/T	Mark J. Deuschle	P O Box 59043, Knoxville, TN 379509043
Asst. ST/VP	Mark A. Haub	P O Box 59043, Knoxville, TN 379509043
VP	Thomas B. Alford	P O Box 59043, Knoxville, TN 379509043
VP	Craig Rohde	P O Box 59043, Knoxville, TN 379509043
VP	William E. Mayo	P O Box 59043, Knoxville, TN 379509043
D	J. Hoyle Rymer	P O Box 59043, Knoxville, TN 379509043
D	Kent V. Graham	P O Box 59043, Knoxville, TN 379509043
D	William A. Finn	P O Box 59043, Knoxville, TN 379509043
D	Lawrence E. Mock, Jr.	P O Box 59043, Knoxville, TN 379509043