


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90226 001 ***150.00

DOCUMENT # F03000004451 1. Entity Name IMAGEPOINT INC.					
Principal Place of Business 445 SOUTH GAY STREET KNOXVILLE, TN 37902			Mailing Address PO BOX 59043 KNOXVILLE, TN 37950-9043		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MARTIN, JAMES R PO BOX 59043 KNOXVILLE, TN 379509043 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEUSCHLE, MARK J PO BOX 59043 KNOXVILLE, TN 379509043 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>see attached</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALFORD, THOMAS B. P.O. BOX 59043 KNOXVILLE, TN 379509043 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALFORD, THOMAS B PO BOX 59043 KNOXVILLE, TN 379509043 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>see attached for all changes & additions</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROHDE, CRAIG PO BOX 59043 KNOXVILLE, TN 379509043 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, KENT V. P.O. BOX 59043 KNOXVILLE, TN 37950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Mark A. Haub</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>mark A. Haub</i> 4/18/06 865-287-1511 <small>Date Daytime Phone #</small>		



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04182006 Chg-P CR2E034 (11/05)

4. FEI Number **62-1218546** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

ATTACHMENT

60033600

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
EVP/T	Mark J. Deuschle	P O Box 59043, Knoxville, TN 379509043
CFO/S	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
Asst. T/Asst. S	Charles F. Lang	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