
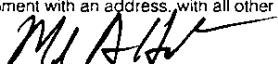


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90080 038 ***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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 62-1218546	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	EVPT DEUSCHLE, MARK J PO BOX 59043 KNOXVILLE, TN 379509043	<input type="checkbox"/> Delete			
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	VP MAYO, WILLIAM E PO BOX 59043 KNOXVILLE, TN 379509043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROHDE, CRAIG PO BOX 59043 KNOXVILLE, TN 379509043	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, KENT V. P.O. BOX 59043 KNOXVILLE, TN 37950	<input type="checkbox"/> Delete			
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.			SEE ATTACHED FOR ALL CHANGES AND ADDITIONS		
SIGNATURE: 			MARK A. HAYS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/20/07 Daytime Phone # 865-251-1511		

ATTACHMENT

40105287

ImagePoint, Inc.
Document # F03000004451
FEIN 62-1218548

Line 11 Additions/Changes to Officers and Directors:

Officers:

James R. Martin
Bruce Smythe
Mark J. Deuschle
Thomas Brack Alford
Mark A. Haub
William E. Mayo
Charles F. Lang

Title:

CEO, Chairman
COO, President
EVP, Treasurer
VP-Engineering
CFO, Secretary
VP-Gen. Mgr Retail, Financial, & Food
Assistant Treasurer, Assistant Secretary

Business Address:

P.O. Box 59043, Knoxville, TN 37950-9043
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Directors:

Lawrence E. Mock, Jr.
William A. Finn
O.G. Green
Kent V. Graham

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