


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90038 022 ***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		
Zip		Country		Zip	
Country		Country		04142008 Chg-P CR2E034 (12/06)	
4. FEI Number 62-1218546				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 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, 2008 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	SEE ATTACHED FOR ALL CHANGES AND ADDITIONS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 MAYO, WILLIAM E 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	COOP SMYTHE, BRUCE 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. Hanb</i> Mark A. Hanb			Date: 4/16/08 Daytime Phone #: (865) 251-1511		

ATTACHMENT

40104129

ImagePoint, Inc.
Document #: F03000004451
FEIN 62-1218546
2008

Line 11 Additions/Changes to Officers and Directors:

Officers:

James R. Martin	CEO, Chairman
Bruce Smythe	President, COO
Mark J. Deuschle	EVP
Mark A. Haub	CFO, Secretary, Treasurer
Thomas Brack Alford	VP-Engineering
William E. Mayo	EVP- Sales & Marketing
Charles F. Lang	Assistant Treasurer, Assistant Secretary

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Directors:

Lawrence E. Mock, Jr.	P.O. Box 59043, Knoxville, TN 37950-9043
William A. Finn	P.O. Box 59043, Knoxville, TN 37950-9043
O.G. Green	P.O. Box 59043, Knoxville, TN 37950-9043
Kent V. Graham	P.O. Box 59043, Knoxville, TN 37950-9043
James R. Martin	P.O. Box 59043, Knoxville, TN 37950-9043