

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04142008 Chg-P CR2E034 (12/06)

4. FEI Number
62-1218546

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| 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 | COOP SMYTHE, BRUCE PO BOX 59043 KNOXVILLE, TN 379509043 <input 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 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Mark A. Hanb **Mark A. Hanb** 4/16/08 **(865) 251-1511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40104129

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

Line 11 Additions/Changes to Officers and Directors:

Officers:

| | | |
|---------------------|--|--|
| James R. Martin | CEO, Chairman | P.O. Box 59043, Knoxville, TN 37950-9043 |
| Bruce Smythe | President, COO | P.O. Box 59043, Knoxville, TN 37950-9043 |
| Mark J. Deuschle | EVP | P.O. Box 59043, Knoxville, TN 37950-9043 |
| Mark A. Haub | CFO, Secretary, Treasurer | P.O. Box 59043, Knoxville, TN 37950-9043 |
| Thomas Brack Alford | VP-Engineering | P.O. Box 59043, Knoxville, TN 37950-9043 |
| William E. Mayo | EVP- Sales & Marketing | P.O. Box 59043, Knoxville, TN 37950-9043 |
| Charles F. Lang | Assistant Treasurer, Assistant Secretary | P.O. Box 59043, Knoxville, TN 37950-9043 |

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 |