

**F0300000 4451**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

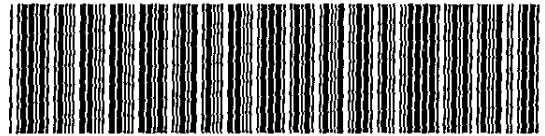
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W03-17198



**800019078828**

06/11/03--01041--005 \*\*70.00

09/04/03--01013--005 \*\*1150.00

**FILED**  
03 SEP -4 AM 9:36  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ImagePoint Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LINDA Swiderski  
(Name of Person)

ImagePoint Inc.  
(Firm/Company)

PO Box 59043  
(Address)

KNOXVILLE, TN 37950-9043  
(City/State and Zip code)

03 SEP -41 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

LINDA Swiderski at (865) 938-1511 x797  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 16, 2003

LINDA SWIDERSKI  
IMAGEPOINT INC  
PO BOX 59043  
KNOXVILLE, TN 37950-9043

SUBJECT: IMAGEPOINT INC.  
Ref. Number: W03000017198

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 SEP -4 AM 9:36

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We have received your document for IMAGEPOINT INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$6900.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 903A00037096

ImagePoint™

Corporate Office  
445 S. Gay Street, Suite 100  
Knoxville, TN 37902  
Tel: 865.938.1511  
Fax: 865.947.8427  
www.imagepoint.com

June 26, 2003

Florida Department of State  
Marsha Thomas  
Document Specialist  
Corporations Division  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Thomas:

In error, the first date transacted business in Florida was listed as 1997 on our application to transact business. The correct date should have been listed as 8/28/02 as documented on the attached copy UT Registration.

I sincerely apologize for any inconvenience this error has caused. If I may be of further assistance, please do not hesitate to call me at 865-938-8718.

Sincerely,



Linda Swiderski  
Accounting Specialist  
Enclosure

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. ImagePoint Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Tennessee 3. 62-1218546  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6-19-84 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1997  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 445 SOUTH Gay Street, Knoxville, TN 37902  
(Principal office address)

PO Box 59043, Knoxville, TN 37950-9043  
(Current mailing address)

8. Sales  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH Pine Island Road

Plantation

(City)

Florida

33324  
(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

**JENNIFER F AULTMAN  
ASSISTANT SECRETARY**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: see attached

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: see attached

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mark J. Deuschle

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARK J. Deuschle EVP & CFO

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

ImagePoint Inc.

Officers:

|                  |                                |  |
|------------------|--------------------------------|--|
| James R. Martin  | CEO, President, Chairman       | P.O. Box 59043, Knoxville, TN 37950-9043 |
| Mark J. Deuschle | EVP, CFO, Secretary, Treasurer | P.O. Box 59043, Knoxville, TN 37950-9043 |
| Kathryn C. Wood  | VP HR                          | P.O. Box 59043, Knoxville, TN 37950-9043 |
| Thomas B. Alford | VP Operations                  | P.O. Box 59043, Knoxville, TN 37950-9043 |
| Craig Rohde      | VP General Mgr Petro/Auto      | P.O. Box 59043, Knoxville, TN 37950-9043 |

Directors:

|                  |  |
|------------------|--|
| James R. Martin  | P.O. Box 59043, Knoxville, TN 37950-9043 |
| Mark J. Deuschle | P.O. Box 59043, Knoxville, TN 37950-9043 |
| Kathryn C. Wood  | P.O. Box 59043, Knoxville, TN 37950-9043 |

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SHANE MARTIN  
TALLAHASSEE, FLORIDA

**Secretary of State  
Division of Business Services**

**312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, Tennessee 37243**

ISSUANCE DATE: 06/03/2003  
REQUEST NUMBER: 03154506  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 06/19/1984  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0143010  
JURISDICTION: TENNESSEE

TO:  
LINDA SWIDERSKI  
PO BOX 59043

REQUESTED BY:  
LINDA SWIDERSKI  
PO BOX 59043

KNOXVILLE, TN 37950-9043

KNOXVILLE, TN 37950-9043

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

**"IMAGEPOINT INC."**

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 06/03/03

FROM:  
IMAGEPOINT INC.  
PO BOX 59043

KNOXVILLE, TN 37950-9043

|                         | FEES     |          |
|-------------------------|----------|----------|
| RECEIVED:               | \$180.00 | \$0.00   |
| TOTAL PAYMENT RECEIVED: |          | \$180.00 |

RECEIPT NUMBER: 00003303450  
ACCOUNT NUMBER: 00420707



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE