2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 21, 2008 08:00 All Secretary of State **DOCUMENT # F04000001425** 1. Entity Name RASMUSSEN EQUIPMENT COMPANY Principal Place of Business Mailing Address 8727 - 5TH AVE S. P.O. BOX 81206 SEATTLE, WA 98108 SEATTLE, WA 98108-1206 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 91-1052520 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 U000000912887 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RASMUSSEN, RICHARD C STREET ADDRESS P.O. BOX 81206 SEATTLE, WA 98108 CITY-ST-ZIP TITLE RASMUSSEN, BETTY J NAME DO NOT WRITE STREET ADDRESS P.O. BOX 81206 CITY-ST-ZIP SEATTLE, WA 98108 TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information applied 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 of the reserver 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.

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR