

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002049

Entity Name: FUNDER AMERICA, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

200 FUNDER DR
MOCKSVILLE, NC 27028

New Principal Place of Business:

Current Mailing Address:

PO BOX 729
MOCKSVILLE, NC 27028

New Mailing Address:

FEI Number: 56-1025069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERT, JONATHAN
12 CROSLEY LN
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HASELSTEINER, HANS P
Address: X
City-St-Zip: AUSTRIA EUROPE, XX

Title: DST () Delete
Name: GROSSNIGG, ERHARD F
Address: X
City-St-Zip: AUSTRIA EUROPE, XX

Title: P () Delete
Name: FUNDER, PETER
Address: PO BOX 279
City-St-Zip: MOCKSVILLE, NC 27028

Title: VP () Delete
Name: FUNDER, LISL
Address: X
City-St-Zip: AUSTRIA EUROPE, XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA LAWS

CONT

05/01/2009

Electronic Signature of Signing Officer or Director

Date