

# 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

Electronic Signature of Signing Officer or Director

CONT

05/01/2009

Date