2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# F07000002552

Entity Name: KOVATCH MOBILE EQUIPMENT CORP.

Current Principal Place of Business:

ONE INDUSTRIAL COMPLEX
NESQUENHONING, PA 18240

New Principal Place of Business:

Current Mailing Address:

ONE INDUSTRIAL COMPLEX
NESQUENHONING, PA 18240

New Mailing Address:

FEI Number: 23-2367607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: KOVATCH, III, JOHN J CEO
Address: ONE INDUSTRIAL COMPLEX
City-St-Zip: NESQUENHONING, PA 18240

Title: VC ( ) Delete
Name: KOVATCH REAMAN, KATHY
Address: ONE INDUSTRIAL COMPLEX
City-St-Zip: NESQUENHONING, PA 18240

Title: D ( ) Delete
Name: KOVATCH LEBO, JUDITH
Address: ONE INDUSTRIAL COMPLEX
City-St-Zip: NESQUENHONING, PA 18240

Title: D ( ) Delete
Name: ZALESAK, JOHN
Address: ONE INDUSTRIAL COMPLEX
City-St-Zip: NESQUENHONING, PA 18240

Title: D ( ) Delete
Name: KOVATCH, JOHN J IV
Address: ONE INDUSTRIAL COMPLEX
City-St-Zip: NESQUENHONING, PA 18240

Title: ST ( ) Delete
Name: REAMAN, RICHARD T
Address: ONE INDUSTRIAL COMPLEX
City-St-Zip: NESQUENHONING, PA 18240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: KOVATCH REAMAN, KATHY
Address: ONE INDUSTRIAL COMPLEX
City-St-Zip: NESQUENHONING, PA 18240

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: RICHARD T. REAMAN ST 01/08/2008

Electronic Signature of Signing Officer or Director — Date