


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90031 003 ***150.00

DOCUMENT # F07000005370	
1. Entity Name STRATEGIC EQUIPMENT, INC.	

Principal Place of Business 5010 RIVERSIDE DRIVE SUITE 100 IRVING, TX 75039	Mailing Address 5010 RIVERSIDE DRIVE SUITE 100 IRVING, TX 75039
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>PO Box 141749</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Irving, TX</i>	
Zip	Country	Zip <i>75014-1749</i>	Country <i>USA</i>



07182008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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) **DATE** _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE PCEO	<input checked="" type="checkbox"/> Delete
NAME HULL, JEFF	
STREET ADDRESS 5010 RIVERSIDE DRIVE, SUITE 100	
CITY - ST - ZIP IRVING, TX 75039	
TITLE VS	<input type="checkbox"/> Delete
NAME MANN, DAVID R	
STREET ADDRESS 5010 RIVERSIDE DRIVE, SUITE 100	
CITY - ST - ZIP IRVING, TX 75039	
TITLE TCFO	<input type="checkbox"/> Delete
NAME WHITE, WILLIAM G	
STREET ADDRESS 5010 RIVERSIDE DRIVE, SUITE 100	
CITY - ST - ZIP IRVING, TX 75039	
TITLE CHRM	<input type="checkbox"/> Delete
NAME FOJASEK, RANDALL	
STREET ADDRESS 5010 RIVERSIDE DRIVE, SUITE 100	
CITY - ST - ZIP IRVING, TX 75039	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Monnat, Marty	
STREET ADDRESS 5010 Riverside Dr. Suite 100	
CITY - ST - ZIP Irving, TX 75039	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied 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 or the receiver 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.

SIGNATURE: *William G White* *William G White* *7/18/08* *972-40-5300*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR