


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000000751
 1. Entity Name
CRUZEN EQUIPMENT COMPANY, INC.



Principal Place of Business Mailing Address
 P.O. BOX 9333 P.O. BOX 9333
 MEMPHIS, TN 38190-0333 MEMPHIS, TN 38190-0333

DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 62-0545472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000120076 04/19/04-80121-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CRUZEN, PHILIP W 160 W. MALLORY AVE. MEMPHIS, TN 381092297
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BRYAN, WILLIAM J 160 W. MALLORY AVE. MEMPHIS, TN 381092297
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATRE GRONKE RUTH L 160 W MALLORY AVE MEMPHIS, TN 381092297
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 J. Bryan *Vice President* 4-12-04 (701) 774-3180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #