2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2008
Secretary of State

DOCUMENT# F97000005681

Entity Name: COVISTA, INC.

Current Principal Place of Business:

4803 HIGHWAY 58
CHATTANOOGA, TN 37416

New Principal Place of Business:

Current Mailing Address:

4803 HIGHWAY 58
CHATTANOOGA, TN 37416

New Mailing Address:

FEI Number: 22-1658949 **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: DPT ( ) Delete
Name: PAZERA, FRANK
Address: 4803 HIGHWAY 58
City-St-Zip: CHATTANOOGA, TN 37416

Title: D ( ) Delete
Name: LUKEN, HENRY III
Address: 4803 HIGHWAY 58
City-St-Zip: CHATTANOOGA, TN 37416

Title: D ( ) Delete
Name: MILLER, JAY
Address: 4803 HIGHWAY 58
City-St-Zip: CHATTANOOGA, TN 37416

Title: VPS ( ) Delete
Name: HONEY, JOE P
Address: 4803 HIGHWAY 58
City-St-Zip: CHATTANOOGA, TN 37416

Title: D ( ) Delete
Name: JONES, DONALD
Address: 4803 HIGHWAY 58
City-St-Zip: CHATTANOOGA, TN 37416

Title: D ( ) Delete
Name: MERRICK, NICHOLAS
Address: 4803 HIGHWAY 58
City-St-Zip: CHATTANOOGA, TN 37416

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALWARD, KEVIN
Address: 4803 HIGHWAY 58
City-St-Zip: CHATTANOOGA, TN 37416

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

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

Title: D (X) Change ( ) Addition
Name: MCKENZIE, W. THORPE
Address: 4803 HIGHWAY 58
City-St-Zip: CHATTANOOGA, TN 37416

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: KEVIN ALWARD P 01/13/2008

Electronic Signature of Signing Officer or Director Date