2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002290

Entity Name: SVC EQUIPMENT COMPANY

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
MAIL COE		JS			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
700 ANDE 1/3 138	ERSON HILL RO	DAD			
PURCHA	SE, NY 10577	US			
FEI Number	: 36-4269344	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
2731 EXE SUITE 4	RVICES, INC. CUTIVE PARK , FL 33331 US				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	ic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICER	S AND DIRECT	rors:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DVAS () TAMONEY, THO 700 ANDERSON PURCHASE, NY	I HILL RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:		Delete	Title:	() Change () Addition	
	THOMAS, DARR 700 ANDERSON PURCHASE, NY	I HILL RD	Name: Address: City-St-Zip:	3 - ()	
City-St-Zip: Title: Name: Address:	700 ANDERSON PURCHASE, NY	NHILL RD 10577 Delete INE NHILL RD	Address:	() Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	700 ANDERSON PURCHASE, NY DV () GRIFF, CHRIST 700 ANDERSON PURCHASE, NY	NHILL RD 10577 Delete NHILL RD 10577 Delete MAS D NHILL RD	Address: City-St-Zip: Title: Name: Address:		
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	700 ANDERSON PURCHASE, NY DV () GRIFF, CHRIST 700 ANDERSON PURCHASE, NY V () SALCITE, THOM 700 ANDERSON PURCHASE, NY	NHILL RD 10577 Delete INE NHILL RD 10577 Delete IAS D NHILL RD 10577 Delete RLES NHILL RD	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

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: CHARLES MUELLER VP 04/29/2008