

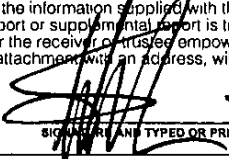


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P14209 1. Entity Name THOMPSON TRACTOR CO., INC.			
Principal Place of Business 2401 PINSON HIGHWAY BIRMINGHAM, AL 35217-2012 US		Mailing Address P.O. BOX 10367 BIRMINGHAM, AL 35202 US	
DO NOT WRITE IN THIS SPACE			
		03072007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 63-0377478	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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000664971 03/23/07-80005-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, MICHAEL D. 2401 PINSON HIGHWAY BIRMINGHAM, AL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFS MCGOUGH, THOMAS H. 2401 PINSON HIGHWAY BRIMINGHAM, AL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMBRELLO, PAUL 2401 PINSON HWY BIRMINGHAM, AL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: 		Date _____ Daytime Phone # _____	