

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21695

FILED  
Jan 19, 2007  
Secretary of State

**Entity Name:** SPECIALTY VEHICLE INSTITUTE OF AMERICA, INC.

**Current Principal Place of Business:**

2 JENNER ST.  
SUITE 150  
IRVINE, CA 92618

**New Principal Place of Business:**

**Current Mailing Address:**

2 JENNER ST.  
SUITE 150  
IRVINE, CA 92618

**New Mailing Address:**

**FEI Number:** 33-0044256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BUCHE, TIM  
Address: 2 JENNER ST, STE 150  
City-St-Zip: IRVINE, CA 92618

Title: VP ( ) Delete  
Name: DICORPO, JOE  
Address: 2 JENNER ST, STE 150  
City-St-Zip: IRVINE, CA 92618

Title: C ( ) Delete  
Name: HAGIE, ROGER  
Address: 9950 JERONIMO RD  
City-St-Zip: IRVINE, CA 92618

Title: VC ( ) Delete  
Name: TWEET, OLE  
Address: 600 BROOKS AVE SOUTH  
City-St-Zip: THIEF RIVER FALLS, MN 56701

Title: ST ( ) Delete  
Name: HAGIE, ROGER  
Address: 9950 JERONIMO RD  
City-St-Zip: IRVINE, CA 92618

Title: T ( ) Delete  
Name: BUSH, KEN  
Address: 3251 EAST IMPERIAL HIGHWAY  
City-St-Zip: BREA, CA 92821

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM BUCHE

PRES

01/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date