2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# P21695

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 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 01/21/2008

Electronic Signature of Signing Officer or Director — Date