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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 115146

2. Name of Corporation TECNIFLEX, INC.

3. Street Address Principal Business Office 931 NORTH WALNUT

City REPUBLIC *State* MO *Zip* 65738

4. Business Phone No. (417) 732-7238

5. State of Incorporation TENNESSEE

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
SERVICES AND SALES OF BANK EQUIPMENT

8. NAMES AND ADDRESSES OF THE OFFICERS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name WALT WASYLIW
Street Address 766 PRINCTON HILLS
City BRENTWOOD *State* TN *Zip* 37027

Vice President Name NONE
Street Address
City *State* *Zip*

Secretary Name CRYSTAL GRAHAM
Street Address 1442 S. CEDAR RIDGE
City SPRINGFIELD *State* MO *Zip* 65809

Treasurer Name NONE
Street Address
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name WILLIAM B. KING
Street Address 3946 WOODLAWN DRIVE
City NASHVILLE *State* TN *Zip* 37205

Director Name TOM BLACK
Street Address 6204 HARDING ROAD
City NASHVILLE *State* TN *Zip* 37205

Director Name STEVE COUNTS
Street Address 3452 E. LOREN
City SPRINGFIELD *State* MO *Zip* 65809

Director Name WALT WASYLIW
Street Address 766 PRINCTON HILLS
City BRENTWOOD *State* TN *Zip* 37027

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
20,000,000	COMM	$0.01

11. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,239,243	COMM	$0.01

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 1 1 5 1 4 6 [redacted]

FILED
File Date OCT 23 2007
Check No. 5219
By:
14845-24-186713
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Crystal Graham 10-16-07
Signature of Officer *Date*

Crystal Graham
Print or Type Name of Officer

Secretary
Title of Officer

[redacted]

Form 630 12/01