# 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0800000994

Entity Name: CAPITAL PREMIUM FINANCING, INC.

## **Current Principal Place of Business:**

12235 SOUTH 800 EAST DRAPER, UT 84020

### **Current Mailing Address:**

12235 SOUTH 800 EAST DRAPER, UT 84020 US

### FEI Number: 82-0423224

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

#### **Officer/Director Detail :**

| Title           | PRESIDENT                            | Title           | SECRETARY                   |
|-----------------|--------------------------------------|-----------------|-----------------------------|
| Name            | GABRIELSEN, DAVID F.                 | Name            | GABRIELSEN, LORIANN C.      |
| Address         | 12235 SOUTH 800 EAST                 | Address         | 12235 SOUTH 800 EAST        |
| City-State-Zip: | DRAPER UT 84020                      | City-State-Zip: | DRAPER UT 84020             |
|                 |                                      |                 |                             |
|                 |                                      |                 |                             |
| Title           | TREASURER / CFO                      | Title           | DIRECTOR                    |
| Title<br>Name   | TREASURER / CFO<br>CROWLEY, SCOTT L. | Title<br>Name   | DIRECTOR<br>HEUGLY, MARK C. |
|                 |                                      |                 |                             |

I hereby 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 all other like empowered.

SIGNATURE: DAVID F. GABRIELSEN

PRESIDENT

04/02/2018

Electronic Signature of Signing Officer/Director Detail

FILED Apr 02, 2018 Secretary of State CC7330052642

Date

Certificate of Status Desired: No

Date