

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000994

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

Certificate of Status Desired: No

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

Date

Officer/Director Detail :

Title DIRECTOR
Name GABRIELSEN, DAVID F.
Address 12235 SOUTH 800 EAST
City-State-Zip: DRAPER UT 84020

Title SECRETARY / DIRECTOR
Name GABRIELSEN, LORIANN C.
Address 12235 SOUTH 800 EAST
City-State-Zip: DRAPER UT 84020

Title DIRECTOR / CFO
Name CROWLEY, SCOTT L.
Address 12235 SOUTH 800 EAST
City-State-Zip: DRAPER UT 84020

Title DIRECTOR
Name HEUGLY, MARK H.
Address 12235 SOUTH 800 EAST
City-State-Zip: DRAPER UT 84020

Title DIRECTOR / PRESIDENT
Name HEUGLY, JOSEF C.
Address 12235 SOUTH 800 EAST
City-State-Zip: DRAPER UT 84020

Title DIRECTOR
Name NIELSEN, STEVEN J.
Address 12235 SOUTH 800 EAST
City-State-Zip: DRAPER UT 84020

Title DIRECTOR
Name TIMOTHY, CRAIG J.
Address 12235 SOUTH 800 EAST
City-State-Zip: DRAPER UT 84020

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: SCOTT L. CROWLEY

CFO

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date