

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000994

FILED
Jan 26, 2011
Secretary of State

Entity Name: CAPITAL PREMIUM FINANCING, INC.

Current Principal Place of Business:

12235 SOUTH 800 EAST
DRAPER, UT 84020

New Principal Place of Business:

Current Mailing Address:

12235 SOUTH 800 EAST
DRAPER, UT 84020

New Mailing Address:

FEI Number: 82-0423224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: C
Name: HEUGLY, MARK
Address: 1549 EAST RIVER OAKS DRIVE
City-St-Zip: SANDY, UT 84093

Title: PD
Name: GABRIELSEN, DAVID F CEO
Address: 679 E DRAPER HEIGHTS WAY
City-St-Zip: DRAPER, UT 84020

Title: VPD
Name: CROWLEY, SCOTT CFO
Address: 4270 NORTH SCENIC DRIVE
City-St-Zip: PROVO, UT 84604

Title: S
Name: GABRIELSEN, LORIANN
Address: 679 E DRAPER HEIGHTS WAY
City-St-Zip: DRAPER, UT 84020

Title: COO
Name: HEUGLY, JOSEF
Address: 1987 E SUMMERBORNE CIRCLE
City-St-Zip: SANDY, UT 84093

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 GABRIELSEN

CEO

01/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date