

**06 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

ENT # 828606



Entity Name  
UNIVERSAL FOREST PRODUCTS, INC.

Principal Place of Business  
2801 E BELTLINE, N.E.  
GRAND RAPID, MI 49525

Mailing Address  
2801 E BELTLINE, N.E.  
GRAND RAPID, MI 49525



04192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
38-1465835 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WHITE, STEVE  
105 PROGRESS RD.  
AUBURNDALE, FL 33823-7217

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000544813  
05/11/06-80052-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	CEO
NAME	CURRIE, WILLIAM G.
STREET ADDRESS	1830 BEARD DR. S.E.
CITY-ST-ZIP	GRAND RAPIDS, MI
TITLE	VT
NAME	COLE, MICHAEL R
STREET ADDRESS	2801 E BELTLINE NE
CITY-ST-ZIP	GRAND RAPIDS, MI 49525
TITLE	SVP
NAME	MISSAD, MATTHEW J
STREET ADDRESS	3987 BRIDGESTONE NE
CITY-ST-ZIP	GRAND RAPIDS, MI 49546
TITLE	P
NAME	GLENN, MICHAEL B
STREET ADDRESS	1405 BOLLYBUNION SE
CITY-ST-ZIP	GRAND RAPIDS, MI 49546
TITLE	C
NAME	SECCHIA, PETER F
STREET ADDRESS	2833 BONNELL, SE
CITY-ST-ZIP	GRAND RAPIDS, MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael R. Cole 4/24/06 616-364-61  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #