


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 828606</b> 1. Entity Name UNIVERSAL FOREST PRODUCTS, INC.	
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Principal Place of Business 2801 E BELTLINE, N.E. GRAND RAPID, MI 49525	Mailing Address 2801 E BELTLINE, N.E. GRAND RAPID, MI 49525
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**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>38-1465835</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CURRIE, WILLIAM G. 1830 BEARD DR. S.E. GRAND RAPIDS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COLE, MICHAEL R 2801 E BEHLINE NE GRAND RAPIDS, MI 49525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MISSAD, MATTHEW J 3987 BRIDGESTONE NE GRAND RAPIDS, MI 49546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GLENN, MICHAEL B 1405 BOLLYBUNION SE GRAND RAPIDS, MI 49546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000927132  
05/20/08-80093-021 150.00

**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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Michael R. Cole 4/24/08 616-364-6164  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #