2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State
02-19-2008 90031 019 ***150.00

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1. Entity Name
VERNDALE PRODUCTS, INC.

4002825U

Principal Place of Business	Mailing Address
8445 LYNDON DETROIT, MI 48238	8445 LYNDON DETROIT, MI 48238

01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-1598923
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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	PD
NAME	JOHNSON, LAVERNE E.
STREET ADDRESS	1000 THREE MILE
CITY-ST-ZIP	GROSSE POINTE, MI
TITLE	TD
NAME	JOHNSON, MARLENE I.
STREET ADDRESS	1000 THREE MILE
CITY-ST-ZIP	GROSSEE POINTE, MI
TITLE	VD
NAME	JOHNSON, DALE
STREET ADDRESS	~~975 MADISON~~ 845 Trombley
CITY-ST-ZIP	~~BIRMINGHAM, MI~~ Grosse Pointe Park, MI 48230
TITLE	SD
NAME	LILLIE, CHARLES
STREET ADDRESS	~~280 WOODWARD, SUITE 300~~ 40900 Woodward
CITY-ST-ZIP	BIRMINGHAM, MI 48304 Suite A
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Fred W. Kreger Jr. Fred W. Kreger, Jr. 1/31/08 313-834-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #