2002 Uniform Business Report (UBR)

Mar 12, 2002 8:00 am DOCUMENT # F00000004842 Secretary of State 1. Entity Name 03-12-2002 90271 047 ***150 00 BUSINESS STRATEGY AUDIT SERVICES, INC. Principal Place of Business Mailing Address 944 52ND ST SE 944 52ND ST SE GRAND RAPIDS MI 49508 **GRAND RAPIDS MI 49508** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 38-3038374 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete PCD TITLE Change Addition NAME ੁ **FAYON, CHARLES** NAME STREET ADDRESS STREET ADDRESS 6463 CROOKED CREEK CITY-ST-ZIP CITY-ST-ZIP HOWARD CITY MI TITLE -☐ Delete TITLE ☐ Change Addition NAME NAME VAN DYKE, DENNIS STREET ADDRESS STREET ADDRESS **5263 LONDONBERRY SE** CITY-ST-ZIP CITY-ST-ZIP KENTWOOD MI TITLE TÍTLE ☐ Chānoe ☐ Delete Addition NAME NAME GEELHOED, DANIEL STREET ADDRESS STREET ADDRESS 1810 WOODCLIFF SE CITY-ST-ZIP CITY-ST-ZIP GRAND RAPIDS MI TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KISTLER, DAVID NAME STREET ADDRESS STREET ADDRESS 2193 GREENDALE DR. CITY-ST-ZIP CITY-ST-ZIP Jenison Mi ☐ Delete TITLE □7 Change ☐ Addition GOWANS, ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 4257 STONEBRIDGE RD #9 CITY-ST-ZIP CITY-ST-ZIP WYOMING MI 49509 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1/9/02 Date

FILED