

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000237

FILED
May 04, 2009
Secretary of State

Entity Name: MICHIGAN RETAILERS SERVICES, INC.

Current Principal Place of Business:

603 S. WASHINGTON AVE.
LANSING, MI 48933

New Principal Place of Business:

Current Mailing Address:

603 S. WASHINGTON AVE.
LANSING, MI 48933

New Mailing Address:

FEI Number: 38-1814245 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KULKA, BECKY B
Address: 3544 MERIDIAN CROSSING
City-St-Zip: OKEMAS, ML 48869

Title: ST () Delete
Name: SARASIN, JEAN
Address: 603 S. WASHINGTON AVE.
City-St-Zip: LANSING, MI 48933

Title: P () Delete
Name: HALLAN, JAMES P
Address: 603 S. WASHINGTON AVE
City-St-Zip: LANSING, MI 48933

Title: D () Delete
Name: MARSHALL, DAN
Address: 3240 E SAGINAW ST
City-St-Zip: LANSING, MI 48912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DUCARME, BRIAN
Address: 900 E. 96TH STREET, SUITE 500
City-St-Zip: INDIANAPOLIS, IN 46240

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES P. HALLAN

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05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date