

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002365

FILED
Apr 18, 2012
Secretary of State

Entity Name: MICHIGAN COMMONWEALTH ASSOCIATES, INC.

Current Principal Place of Business:

2700 WEST ARGYLE STREET
JACKSON, MI 49202

New Principal Place of Business:

2700 WEST ARGYLE STREET
JACKSON, MI 49202 US

Current Mailing Address:

2700 WEST ARGYLE STREET
JACKSON, MI 49202

New Mailing Address:

2700 WEST ARGYLE STREET
JACKSON, MI 49202 US

FEI Number: 38-2809676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: DECOSTA, DENNIS F P.E.
Address: 2700 WEST ARGYLE STREET
City-St-Zip: JACKSON, MI 49202 US

Title: VP
Name: GRAY, LINDA T
Address: 2700 WEST ARGYLE STREET
City-St-Zip: JACKSON, MI 49202 US

Title: VP
Name: ARNOLD, STEPHEN W P.E.
Address: 2700 WEST ARGYLE STREET
City-St-Zip: JACKSON, MI 49202 US

Title: TRES
Name: SHAFER, DAVID A P.E.
Address: 2700 WEST ARGYLE STREET
City-St-Zip: JACKSON, MI 49202 US

Title: DIR
Name: AUDEL, CURTIS M P.E.
Address: 2700 WEST ARGYLE STREET
City-St-Zip: JACKSON, MI 49202 US

Title: SEC
Name: COLLINS, RICHARD N P.E.
Address: 2700 WEST ARGYLE STREET
City-St-Zip: JACKSON, MI 49202 US

I hereby 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 all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

04/18/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date