

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90047 001 ***150.00

DOCUMENT # F03000003603	
1. Entity Name TECUMSEH COMPRESSOR COMPANY	

Principal Place of Business 100 E. PATTERSON STREET TECUMSEH, MI 49286	Mailing Address 100 E. PATTERSON STREET TECUMSEH, MI 49286
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 32-0043184	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



03112008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200-SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BONSALL, JAMES J			NAME	Buker, Edwin L		
STREET ADDRESS	100 E. PATTERSON STREET			STREET ADDRESS	100 E Patterson Street		
CITY-ST-ZIP	TECUMSEH, MI 49286			CITY-ST-ZIP	Tecumseh, MI 49286		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NICHOLSON, JAMES S			NAME			
STREET ADDRESS	100 E. PATTERSON STREET			STREET ADDRESS			
CITY-ST-ZIP	TECUMSEH, MI 49286			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDONALD, DARYL P			NAME	Judith Lynn Dennison		
STREET ADDRESS	100 E. PATTERSON STREET			STREET ADDRESS	100 E Patterson Street		
CITY-ST-ZIP	TECUMSEH, MI 49286			CITY-ST-ZIP	Tecumseh, MI 49286		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  James S Nicholson, VP & Treasurer *5/18/08* 517-423-8628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #