


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000007240</b>	
1. Entity Name OLIVER PRODUCTS COMPANY	

Principal Place of Business 445 SIXTH ST NW GRAND RAPIDS, MI 49504	Mailing Address 445 SIXTH ST NW GRAND RAPIDS, MI 49504
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02132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 38-2363773	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ALT, BILL 210 N. INDUSTRIAL PARK RD HASTINGS, MI 49058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEADLE, GRANT 1432 SCOTT AVE WINNETKA, IL 60093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, RON 2600 OAK RIDGE TRAIL GRAND RAPIDS, MI 49525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, JOHN R 445 SIXTH ST. NW GRAND RAPIDS, MI 49504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUTHILL, VICTOR P 445 SIXTH ST. NW GRAND RAPIDS, MI 49504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, JAMES A 445 SIXTH ST. NW GRAND RAPIDS, MI 49504

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05/04/06-80051-017 150.00

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IN THIS SPACE**

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 A. Johnson JAMES A. JOHNSON 4/19/06 616-456-7711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #