

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007397

FILED  
Jan 04, 2012  
Secretary of State

Entity Name: DEMATIC CORP.

**Current Principal Place of Business:**

507 PLYMOUTH AVE, NE  
GRAND RAPIDS, MI 49505

**New Principal Place of Business:**

**Current Mailing Address:**

507 PLYMOUTH AVE, NE  
GRAND RAPIDS, MI 49505

**New Mailing Address:**

FEI Number: 04-3834872      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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: BAYSORE, JOHN  
Address: 507 PLYMOUTH AVE, NE  
City-St-Zip: GRAND RAPIDS, MI 49505

Title: VT  
Name: KILLEEN, DANIEL  
Address: 507 PLYMOUTH AVE, NE  
City-St-Zip: GRAND RAPIDS, MI 49505

Title: S  
Name: HEINZE, JEFFREY R  
Address: 507 PLYMOUTH AVE, NE  
City-St-Zip: GRAND RAPIDS, MI 49505

Title: V  
Name: FITZON, HERBERT  
Address: 507 PLYMOUTH AVE, NE  
City-St-Zip: GRAND RAPIDS, MI 49505

Title: V  
Name: BORK, ROBERT  
Address: 507 PLYMOUTH AVE, NE  
City-St-Zip: GRAND RAPIDS, MI 49505

Title: V  
Name: WOLF, TIMOTHY  
Address: 507 PLYMOUTH AVE, NE  
City-St-Zip: GRAND RAPIDS, MI 49505

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: DANIEL KILLEEN

VT

01/04/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date