FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20 UN	003 FOR PROFITION	T CORPOR	ATION T (UBR)	May 05, 2	LED 2003 8:00	am 25
1. Entity Nam		0005405				y of State 889 012 ***150.00	e _A
Principal Place of Business 31700 MIDDLEBELT ROAD 31700 MIDDLEBELT ROAD SUITE 145 FARMINGTON_HILLS MI 48334 Mailing Address 31700 MIDDLEBELT ROAD SUITE 145 FARMINGTON_HILLS MI 48334 FARMINGTON HILLS MI 48334							
2. Principal Place of Business 27777 FRINKLIN RD. 27777 PRI Suite, Apt. #, etc. STE. 20 Suite, Apt. #, etc. STE. 20				U RO.	_	MAKING CHANGES	Tiif 106i
City & Stat	HPIELD, MI	City & State SOU7HPI	ap, n	21 4.	FEI Number 62-1370068		ed For pplicable
Zip 480	0.34 Country	21248024	Country	5.	Certificate of Status Desired	\$8.75 Addition	nal
	6. Name and Address of Current Ro	egistered Agent		7.	Name and Address of New Re	gistered Agent	
0 = 0000			Name		•		
	PORATION SYSTEM		Street A	ddress (P.O.	Box Number is Not Acceptable)		
	ITH PINE ISLAND ROAD		<u> </u>				
PLANTATI	ON FL 33324	•	<u></u>			- -	
			City			FL Zip Code	
	named entity submits this statement for t tions of registered agent.	he purpose of changing its	registered office o	r registered a	gent, or both, in the State of Flori	da. I am familiar with, and	d accept
SIGNATURE .				·			
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registered Agent signal	ure required when	reinstating)	DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$	State			Election Campaign Final Trust Fund Contribution.	ncing \$5.00 n Added to	
10.	OFFICERS AND D	RECTORS	11.	A	DDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN	
TITLE	V	☐ Delete	TITLE				00 C C C C C C C C C C C C C C C C C C
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	31700 MIDDLEBELT ROAD, SUITE	145	STREET ADDRESS	2//	7 PRINKLIN 7 THFIELD, M	14). S.C.	000
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STREET ADDRESS			STREET ADDRESS				
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iz. inereby c	certify that the information supplied with th	iis illing ques not quality for	the exemption star	rea in pection	ーロッルバンバル, FIORIDA Statutes. I fu	arther certify that the inform	.แลนงก [

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. DIAMPERE RETERMEN JORISSEN

SIGNATURE:

248) 208-2500 Daytime Phone #