


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000003623

1. Entity Name
MICHIGAN LECO CORPORATION



Principal Place of Business Mailing Address

3000 LAKEVIEW AVE. 3000 LAKEVIEW AVE.
 ST. JOSEPH, MI 49085 US ST. JOSEPH, MI 49085

DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
38-0738518 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD WARREN, ROBERT J 3000 LAKEVIEW AVE. ST. JOSEPH, MI 49085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV WARREN, ELIZABETH S 3000 LAKEVIEW AVE. ST. JOSEPH, MI 49085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARREN, ELIZABETH S 3000 LAKEVIEW AVE. ST. JOSEPH, MI 49085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEBRUYNE, JOEL D 3000 LAKEVIEW AVE SAINT JOSEPH, MI 49085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joel D. DeBruyne **JOEL D DEBRUYNE** 4/27/07 269-982-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECRETARY