2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 23, 2007 8:00 am Secretary of State DOCUMENT # F98000000075 04-23-2007 90282 019 ***150.00 1. Entity Name LASON SYSTEMS, INC. Principal Place of Business Mailing Address 400104~ 1305 STEPHENSON HIGHWAY 1305 STEPHENSON HIGHWAY TROY, MI 48083 TROY, MI 48083 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 38-3384800 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE D Delete TITI F ☐ Change ☐ Addition GARCIA, CHRISTOPHER NAME NAME STREET ADDRESS 1305 STEPHENSON HWY STREET ADDRESS CITY-ST-2IP TROY, MI 48083 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition REYNOLDS, JIM NAME NAME STREET ADDRESS 1305 STEPHENSON HWY STREET ADDRESS CITY-ST-ZIP TROY, MI 48083 CITY-ST-ZIP TITLE PD Delete TITLE ☐ Change Addition COGBURN, RON 1305 STEPHENSON HWY NAME RISHER, RONALD NAME STREET ADDRESS 1305 STEPHENSON HIGHWAY STREET ADDRESS CITY-ST-ZIP TROY, MI 48083 CITY-ST-ZIP TROY ☐ Addition TITLE ☐ Delete TITLE ☐ Change EBELING, THOMAS M NAME NAME STREET ADDRESS 1305 STEPHENSON HIGHWAY STREET ADDRESS CITY-ST-ZIP TROY, MI 48083 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition LANDUYT, WILLIAM M NAME NAME STREET ADDRESS 1305 STEPHENSON HWY STREET ADDRESS CITY-ST-ZIP TROY, MI 48083 CITY-ST-ZIP 🔀 Delete Addition TITLE TITLE ☐ Change **GUZMAN, JENNIFER A** NAME NAME STREET ADDRESS: 1305 STEPHENSON HWY STREET ADDRESS TROY, MI 48083 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.

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