

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10589

FILED  
Mar 29, 2012  
Secretary of State

**Entity Name:** CCI SYSTEMS, INC.

**Current Principal Place of Business:**

105 KENT STREET  
IRON MOUNTAIN, MI 49801

**New Principal Place of Business:**

**Current Mailing Address:**

105 KENT STREET  
POST OFFICE BOX 190  
IRON MOUNTAIN, MI 49801

**New Mailing Address:**

**FEI Number:** 38-2356585      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301      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: DC  
Name: KLUNGNESS, JAMES A.  
Address: 105 KENT ST  
City-St-Zip: IRON MOUNTAIN, MI 49801

Title: DC  
Name: HENRY, CHARLES R.  
Address: 105 KENT ST  
City-St-Zip: IRON MOUNTAIN, MI 49801

Title: PD  
Name: JAMAR, JOHN P  
Address: 105 KENT ST  
City-St-Zip: IRON MOUNTAIN, MI 49801

Title: TS  
Name: PAULA, MEADS  
Address: 105 KENT ST  
City-St-Zip: IRON MOUNTAIN, MI 49801

Title: AS  
Name: JOHN, JAMAR  
Address: 105 KENT ST  
City-St-Zip: IRON MOUNTAIN, MI 49801

Title: V  
Name: LAHTI, STU  
Address: 105 KENT ST  
City-St-Zip: IRON MOUNTAIN, MI 49801

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: JOHN JAMAR

PD

03/29/2012

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

\_\_\_\_\_ Date