

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17831

FILED
Apr 25, 2006
Secretary of State

Entity Name: MCKINLEY PROPERTIES, INC.

Current Principal Place of Business:

320 NORTH MAIN STREET
P.O. BOX 8649
ANN ARBOR, MI 48107

New Principal Place of Business:

Current Mailing Address:

320 NORTH MAIN STREET
P.O. BOX 8649
ANN ARBOR, MI 48107

New Mailing Address:

FEI Number: 38-2576041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALEITA, GARY M.
215 N. EOLA DR.
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COOD () Delete
Name: HAYWARD, D. KEITH,
Address: 320 NORTH MAIN STREET
City-St-Zip: ANN ARBOR, MI

Title: CAO () Delete
Name: ANDREWS, KAREN
Address: 320 N MAIN ST
City-St-Zip: ANN ARBOR, MI 48104

Title: VP () Delete
Name: BETTERLY, THELMA
Address: 320 N MAIN ST
City-St-Zip: ANN ARBOR, MI 48104

Title: TREA () Delete
Name: KLEINSCHMIDT, JEFFREY
Address: 320 N MAIN ST
City-St-Zip: ANN ARBOR, MI 48104

Title: CEOD () Delete
Name: BERRIZ, ALBERT M
Address: 320 N MAIN ST
City-St-Zip: ANN ARBOR, MI 48104

Title: EVP () Delete
Name: KERN, DIANA
Address: 320 N MAIN ST
City-St-Zip: ANN ARBOR, MI 48104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN G. PALMS

EVP

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date