


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P21894</b> 1. Entity Name SUPPLY NETWORK, INC.	
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Principal Place of Business 161 OTTAWA AVE NW SUITE 502 GRAND RAPIDS, MI 49503 US	Mailing Address 210 N.INDUSTRIAL PARK RD HASTINGS, MI 49058 US
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**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 38-2806071	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000928481  
 05/21/08 80082-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PS ORTYL, KEVIN 161 OTTAWA AVE NW STE 502 GRAND RAPIDS, MI 49503
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GROOS, THOMAS T 161 OTTAWA AVE NW SUITE 502 GRAND RAPIDS, MI 49503
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD OSHINSKI, JANICE 161 OTTAWA AVE NW SUITE 502 GRAND RAPIDS, MI 49503
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**DO NOT WRITE IN THIS SPACE**

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:** Janice A. Oshinski 4/25/08 269-945-8385  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #