

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21894

Entity Name: SUPPLY NETWORK, INC.

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

161 OTTAWA AVE NW  
SUITE 502  
GRAND RAPIDS, MI 49503 US

**New Principal Place of Business:**

**Current Mailing Address:**

210 N.INDUSTRIAL PARK RD  
HASTINGS, MI 49058 US

**New Mailing Address:**

FEI Number: 38-2806071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PS ( ) Delete  
Name: ORTYL, KEVIN  
Address: 161 OTTAWA AVE NW STE 502  
City-St-Zip: GRAND RAPIDS, MI 49503

Title: D ( ) Delete  
Name: GROOS, THOMAS T  
Address: 161 OTTAWA AVE NW SUITE 502  
City-St-Zip: GRAND RAPIDS, MI 49503

Title: TD ( ) Delete  
Name: OSHINSKI, JANICE  
Address: 161 OTTAWA AVE NW SUITE 502  
City-St-Zip: GRAND RAPIDS, MI 49503

**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:

I hereby certify that the information supplied with this filing does not qualify 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: JANICE OSHINSKI

TD

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date