

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005436

Entity Name: E.C. KORNEFFEL CO.

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2691 VETERANS PARKWAY  
TRENTON, MI 48183

**New Principal Place of Business:**

**Current Mailing Address:**

2691 VETERANS PARKWAY  
TRENTON, MI 48183

**New Mailing Address:**

FEI Number: 38-1341060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KORNEFFEL, C. G  
Address: 2691 VETERANS PARKWAY  
City-St-Zip: TRENTON, MI 48183

Title: S  
Name: KORNEFFEL, MAUREEN A  
Address: 2691 VETERANS PARKWAY  
City-St-Zip: TRENTON, MI 48183

Title: T  
Name: KORNEFFEL, GRAHAM C  
Address: 2691 VETERANS PARKWAY  
City-St-Zip: TRENTON, MI 48183

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: C. G. KORNEFFEL

PRES

01/28/2011

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

\_\_\_\_\_  
Date