2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0000005106

Entity Name: GREENPATH, INC.

noinal Blace of Business

Current Principal Place of Business:

36500 CORPORATE DRIVE FARMINGTON HILLS, MI 48331

Current Mailing Address:

36500 CORPORATE DRIVE FARMINGTON HILLS. MI 48331

FEI Number: 38-6142925 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 515 E. PARK AVENUE TALLAHASSEE, FL 32301 US

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

FILED Mar 29, 2013

Secretary of State

CC1209062908

Officer/Director Detail:

Title PCEO Title C

Name MCNAMARA, JANE E Name SYDLOWSKI, JANE

Address 36500 CORPORATE DR Address 34705 W. 12 MILE ROAD SUITE 101

City-State-Zip: FARMINGTON HILLS MI 48331 City-State-Zip: FARMINGTON HILLS MI 48331

Title T Title S

Name POULOS, MICHAEL Name WEBB, SUSAN

Address 27000 EVERGREEN Address 24012 GLEN RIDGE COURT

City-State-Zip: LATHRUP VILLAGE MI 48076 City-State-Zip: NOVI MI 48375

Title D Title VC

Name DUNN, READ Name FRITH, JOHN

Address 501 MAIN ST Address 400 RENAISSANCE CENTER

SUITE 2900

City-State-Zip: WASILLA AK 99654 City-State-Zip: DETROIT MI 48243

Title TRUSTEE Title TRUSTEE

Name GRAY, HERMAN DR. Name RICHARDS, WILLIAM

Address 3901 BEAUBIAN Address 26000 EVERGREEN ROAD

City-State-Zip: DETROIT MI 48201 City-State-Zip: SOUTHFIELD MI 48076

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANE MCNAMARA PRESIDENT & CEO 03/29/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title TRUSTEE

Name VENTIMIGLIA, DONNA

Address 570 KIRTS BLVD

SUITE 214

City-State-Zip: TROY MI 48084