

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830666

Entity Name: DOUGLAS N. HIGGINS INC.

Current Principal Place of Business:

3390 TRAVIS POINTE RD.
SUITE A
ANN ARBOR, MI 48108

FILED
Jan 06, 2017
Secretary of State
CC7411847025

Current Mailing Address:

3390 TRAVIS POINTE RD.
SUITE A
ANN ARBOR, MI 48108 US

FEI Number: 38-1807765

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CF REGISTERED AGENT, INC.
100 S. ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 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

Officer/Director Detail :

Title VP
Name BARTOLONE, BRANDY L
Address 4465 ENTERPRISE AVENUE
City-State-Zip: NAPLES FL 34104

Title ASST. SECRETARY
Name LUDWIG, TAMARA J
Address 4465 ENTERPRISE AVENUE
City-State-Zip: NAPLES FL 34104

Title PD
Name HIGGINS, DOUGLAS N
Address 3390 TRAVIS POINTE RD., SUITE A
City-State-Zip: ANN ARBOR MI 48108

Title VP, EXECUTIVE SECRETARY,
TREASURER
Name WILKIE, KELLY A
Address 3390 TRAVIS POINTE RD SUITE #A
City-State-Zip: ANN ARBOR MI 48108

Title VP
Name HIGGINS, DANIEL N
Address 3390 TRAVIS POINTE RD. SUITE A
City-State-Zip: ANN ARBOR MI 48108

Title ASST. SECRETARY
Name GARRISON, SANDRA K
Address 3390 TRAVIS POINTE RD.
SUITE A
City-State-Zip: ANN ARBOR MI 48108

Title SECRETARY
Name WILKIE, DAVID J
Address 3390 TRAVIS POINTE RD.
SUITE A
City-State-Zip: ANN ARBOR MI 48108

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: KELLY A. WILKIE

VICE-PRESIDENT

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date