2013 FOREIGN PROFIT CORPORATION AMENDED 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

Current Mailing Address:

3390 TRAVIS POINTE RD.

SUITE A

ANN ARBOR, MI 48108 US

FEI Number: 38-1807765 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CFRA, LLC 100 S. ASHLEY DR. 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

FILED Jul 01, 2013

Secretary of State

CC4692597450

Officer/Director Detail:

Title Title ASST, SECRETARY Name BARTOLONE, BRANDY L Name LUDWIG, TAMARA J

4465 ENTERPRISE AVENUE 4465 ENTERPRISE AVENUE Address Address

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

VP, EXECUTIVE SECRETARY, Title PD Title

TREASURER HIGGINS, DOUGLAS N

Name Name WILKIE. KELLY A Address 3390 TRAVIS POINTE RD., SUITE A

3390 TRAVIS POINTE RD SUITE #A Address

City-State-Zip: ANN ARBOR MI 48108 City-State-Zip: ANN ARBOR MI 48108

VΡ Title

Name

Title ASST. SECRETARY Name HIGGINS, DANIEL N Name GARRISON, SANDRA K

Address 3390 TRAVIS POINTE RD. SUITE A Address 3390 TRAVIS POINTE RD.

SUITE A City-State-Zip: ANN ARBOR MI 48108

ANN ARBOR MI 48108 City-State-Zip:

Title **SECRETARY**

3390 TRAVIS POINTE RD. Address

SUITE A

WILKIE, DAVID J

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 07/01/2013 Date