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

Current Mailing Address:

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

FEI Number: 38-1807765

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

Officer/Director Detail :

	Title	VP	Title	ASST. SECRETARY
	Name	BARTOLONE, BRANDY L	Name	LUDWIG, TAMARA J
	Address	4465 ENTERPRISE AVENUE	Address	4465 ENTERPRISE AVENUE
	City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104
	Title Name Address City-State-Zip:	PD HIGGINS, DOUGLAS N 3390 TRAVIS POINTE RD., SUITE A ANN ARBOR MI 48108	Title Name Address City-State-Zip:	VP, EXECUTIVE SECRETARY, TREASURER WILKIE, KELLY A 3390 TRAVIS POINTE RD SUITE #A ANN ARBOR MI 48108
	Title Name Address	VP HIGGINS, DANIEL N 3390 TRAVIS POINTE RD. SUITE A	Title Name Address	ASST. SECRETARY GARRISON, SANDRA K 3390 TRAVIS POINTE RD.
	City-State-Zip: Title	ANN ARBOR MI 48108	City-State-Zip:	SUITE A ANN ARBOR MI 48108
	Name	WILKIE, DAVID J		
	Address	3390 TRAVIS POINTE RD.		
		SUITE A		
	City-State-Zip:	SUITE A 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.

VICE-PRESIDENT

SIGNATURE: KELLY A. WILKIE

Electronic Signature of Signing Officer/Director Detail

FILED Jan 06, 2017 Secretary of State CC7411847025

Certificate of Status Desired: Yes

Date