

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004051

Entity Name: PARASTAR, INC.

Current Principal Place of Business:

25400 WEST EIGHT MILE ROAD
SOUTHFIELD, MI 48034

Current Mailing Address:

25400 WEST EIGHT MILE ROAD
SOUTHFIELD, MI 48034

FEI Number: 38-2755982

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: SARAH A. WRIGHT, ASSISTANT V.P.

04/26/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name COOPER, GERSON
Address 28050 GRAND RIVER AVE
City-State-Zip: FARMINGTON HILLS MI 48336

Title DP
Name BEAUCHEMIN, GREG
Address 25400 WEST EIGHT MILE ROAD
City-State-Zip: SOUTHFIELD MI 48034

Title S
Name VANDECAVEYE, LISA
Address 28050 GRAND RIVE AVE
City-State-Zip: FARMINGTON HILLS MI 48336

Title T
Name MARCELLINO, DAVID
Address 28050 GRAND RIVE AVE
City-State-Zip: FARMINGTON HILLS MI 48336

Title DIRECTOR
Name MASON, ROBERT
Address 25400 WEST EIGHT MILE ROAD
City-State-Zip: SOUTHFIELD MI 48034

Title DIRECTOR
Name VIEDER, SANFORD DR.
Address 25400 WEST EIGHT MILE ROAD
City-State-Zip: SOUTHFIELD MI 48034

Title DIRECTOR
Name DWYER, WILLIAM
Address 25400 WEST EIGHT MILE ROAD
City-State-Zip: SOUTHFIELD MI 48034

Title DIRECTOR
Name NEMES, JOHN
Address 25400 WEST EIGHT MILE ROAD
City-State-Zip: SOUTHFIELD MI 48034

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

SIGNATURE: LISA VANDECAVEYE

SECRETARY

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LACASSE, PAUL DR.
Address 25400 WEST EIGHT MILE ROAD
City-State-Zip: SOUTHFIELD MI 48034

Title DIRECTOR
Name OSTER, CHRISTINE
Address 25400 WEST EIGHT MILE ROAD
City-State-Zip: SOUTHFIELD MI 48034