

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004542

Entity Name: WOLVERINE FIRE PROTECTION CO.**Current Principal Place of Business:**8067 N. DORT HWY
MT MORRIS, MI 48458**Current Mailing Address:**P.O. BOX 219
MT MORRIS, MI 48458**FEI Number:** 38-1797318**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PD
Name	CORCORAN, MARTIN L
Address	8067 N. DORT HWY
City-State-Zip:	MT MORRIS MI 48458

Title	TREA
Name	SHANKS, AMY L
Address	8067 N. DORT HWY
City-State-Zip:	MT MORRIS MI 48458

Title	SECRETARY
Name	AMENTA, MEGHAN
Address	P.O. BOX 219
City-State-Zip:	MT MORRIS MI 48458

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: AMY L SHANKS**TREASURER****01/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date