

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000002364

**Entity Name:** MEADOWBROOK, INC.**Current Principal Place of Business:**26255 AMERICAN DRIVE  
SOUTHFIELD, MI 48034-6112**Current Mailing Address:**26255 AMERICAN DRIVE  
SOUTHFIELD, MI 48034-6112**FEI Number:** 38-1798156**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            STEWART, PATRICK  
Address        26255 AMERICAN DRIVE  
City-State-Zip: SOUTHFIELD MI 48034-6112

Title            DIRECTOR  
Name            BAIRD, JOHN  
Address        26255 AMERICAN DRIVE  
City-State-Zip: SOUTHFIELD MI 48034-6112

Title            CHAIRMAN  
Name            KEITH, TRICIA A.  
Address        600 EAST LAFAYETTE BOULEVARD  
City-State-Zip: DETROIT MI 48226

Title            VC  
Name            CORLESS, LISA M.  
Address        200 N. GRAND AVENUE  
City-State-Zip: LANSING MI 48933

Title            DIRECTOR  
Name            PHILLIPS, ANTHONY G.  
Address        200 N. GRAND AVENUE  
City-State-Zip: LANSING MI 48933

Title            DIRECTOR  
Name            ROBERTS, JOHN S.  
Address        200 N. GRAND AVENUE  
City-State-Zip: LANSING MI 48933

Title            VP  
Name            BROWN, BILL  
Address        26255 AMERICAN DRIVE  
City-State-Zip: SOUTHFIELD MI 48034

Title            TREASURER  
Name            PHILLIPS, ANTHONY G.  
Address        200 N. GRAND AVENUE  
City-State-Zip: LANSING MI 48933

**Continues on page 2**

*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:** BOBBI J. ELLIOTT**SECRETARY****04/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SECRETARY
Name	BOBBI, J. ELLIOTT
Address	200 N. GRAND AVENUE
City-State-Zip:	LANSING MI 48933