

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10589

**Entity Name:** CCI SYSTEMS, INC.

**Current Principal Place of Business:**

105 KENT STREET  
IRON MOUNTAIN, MI 49801

**Current Mailing Address:**

105 KENT STREET  
POST OFFICE BOX 190  
IRON MOUNTAIN, MI 49801

**FEI Number:** 38-2356585

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
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 DC  
Name KLUNGNESS, JAMES A.  
Address 105 KENT ST  
City-State-Zip: IRON MOUNTAIN MI 49801

Title DC  
Name HENRY, CHARLES R.  
Address 105 KENT ST  
City-State-Zip: IRON MOUNTAIN MI 49801

Title PD  
Name JAMAR, JOHN P  
Address 105 KENT ST  
City-State-Zip: IRON MOUNTAIN MI 49801

Title TS  
Name PAULA, MEADS  
Address 105 KENT ST  
City-State-Zip: IRON MOUNTAIN MI 49801

Title AS  
Name JOHN, JAMAR  
Address 105 KENT ST  
City-State-Zip: IRON MOUNTAIN MI 49801

Title V  
Name LAHTI, STU  
Address 105 KENT ST  
City-State-Zip: IRON MOUNTAIN MI 49801

*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:** PAULA MEADS

**TREASURER**

**05/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date