

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90030 032 ***150.00

DOCUMENT # 540443

1. Entity Name
SIRS PUBLISHING, INC.



Principal Place of Business
**1100 HOLLAND DRIVE
BOCA RATON, FL 33487**

Mailing Address
**300 N. ZEEB ROAD
ANN ARBOR, MI 48103**

50009110



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-0984180

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KLAUSUER, RONALD
STREET ADDRESS	300 N ZEELO RD
CITY-ST-ZIP	ANN ARBOR, MI 48103
TITLE	VSTD
NAME	BUCHARDT, TODD
STREET ADDRESS	300 N ZEELO RD
CITY-ST-ZIP	ANN ARBOR, MI 48103
TITLE	ASD
NAME	GREGORY, KEVIN
STREET ADDRESS	300 N ZEELO RD
CITY-ST-ZIP	ANN ARBOR, MI 48103
TITLE	T
NAME	RANDALL, PATRICK
STREET ADDRESS	300 N ZEELO RD
CITY-ST-ZIP	ANN ARBOR, MI 48103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05
Date

Daytime Phone # _____