

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822670

FILED
Jun 25, 2009
Secretary of State

Entity Name: FEDERAL APD INCORPORATED

Current Principal Place of Business:

42775 W NINE MILE
NOVI, MI 48375 US

New Principal Place of Business:

Current Mailing Address:

42775 NINE MILE
NOVI, MI 48375 US

New Mailing Address:

FEI Number: 38-1429512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPGM () Delete
Name: WILSON, JOSEPH
Address: 10993 PIONEER TRAIL
City-St-Zip: FRANKFORT, IL 60423

Title: DIR () Delete
Name: MOSSING, RANDOLPH
Address: 10914 SUMMERFIELD RD.
City-St-Zip: TEMPERANCE, MI 48182

Title: S () Delete
Name: WEHRENBURG, KIM A.
Address: 538 BRAEMAR
City-St-Zip: NAPIERVILLE, IL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MCNICHOLAS, MARK
Address: 45694 SAVANNAH DR
City-St-Zip: CANTON, MI 48187

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: COULTER, KENNETH
Address: 1910 TILEY CIRCLE
City-St-Zip: COMMERCE TWP, MI 48382

Title: DIR () Change (X) Addition
Name: AKINS, GAYLE
Address: 26520 DARIA CIRCLE W
City-St-Zip: SOUTH LYON, MI 48178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK MCNICHOLAS

VP

06/25/2009

Electronic Signature of Signing Officer or Director

_____ Date