

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 824929

1. Entity Name
UNION BUILDING CORPORATION



Principal Place of Business

**8000 E JEFFERSON
DETROIT, MI 48214**

Mailing Address

**8000 E JEFFERSON
DETROIT, MI 48214**

DO NOT WRITE IN THIS SPACE



04252005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
38-6111612

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARNETTE, MICHAEL
338 STERLING LAKE DRIVE
OCOE, FL 34761**

**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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHOEMAKER, RICHARD
STREET ADDRESS	80000 E JEFFERSON
CITY-ST-ZIP	DETROIT, MI
TITLE	P
NAME	GETTELFINGER, RON
STREET ADDRESS	8000 JEFFERSON E.
CITY-ST-ZIP	DETROIT, MI 48214
TITLE	D
NAME	RAPSON, CAL
STREET ADDRESS	8000 JEFFERSON E.
CITY-ST-ZIP	DETROIT, MI 48214
TITLE	D
NAME	KING, BOB
STREET ADDRESS	8000 JEFFERSON E.
CITY-ST-ZIP	DETROIT, MI 48214
TITLE	D
NAME	GOODEN, NATE
STREET ADDRESS	8000 JEFFERSON E.
CITY-ST-ZIP	DETROIT, MI
TITLE	ST
NAME	BUNN, ELIZABETH
STREET ADDRESS	8000 E. ELIZABETH AVE.
CITY-ST-ZIP	DETROIT, MI 48214

000000360531
05/05/05-80035-009 61.25

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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)(f), 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #