

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855153

FILED  
Apr 01, 2011  
Secretary of State

Entity Name: MASCON SERVICES, INC.

## Current Principal Place of Business:

21001 VAN BORN ROAD  
TAYLOR, MI 481801340

## New Principal Place of Business:

C/O TAX DEPARTMENT  
21001 VAN BORN ROAD  
TAYLOR, MI 481801340

## Current Mailing Address:

C/O TAX DEPARTMENT  
21001 VAN BORN ROAD  
TAYLOR, MI 481801340

## New Mailing Address:

FEI Number: 38-2398144      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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

## OFFICERS AND DIRECTORS:

Title: DPT  
Name: SZNEWAJS, JOHN G  
Address: 21001 VAN BORN ROAD  
City-St-Zip: TAYLOR, MI 481801340

Title: VD  
Name: MOLLIN, JERRY W  
Address: 21001 VAN BORN ROAD  
City-St-Zip: TAYLOR, MI 481801340

Title: V  
Name: MENDELSON, KAREN  
Address: 21001 VAN BORN ROAD  
City-St-Zip: TAYLOR, MI 481801340

Title: V  
Name: LEAMAN, LAWRENCE F  
Address: 21001 VAN BORN ROAD  
City-St-Zip: TAYLOR, MI 481801340

Title: DVS  
Name: WITTROCK, GREGORY D  
Address: 21001 VAN BORN ROAD  
City-St-Zip: TAYLOR, MI 481801340

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: JERRY W. MOLLIN

VP

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date