2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007165

Entity Name: MASCO SERVICES GROUP CORP.

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
21001 VAN BORN ROAD TAYLOR, MI 48180						
Current Mailing Address:			New Maili	New Mailing Address:		
21001 VAN BORN ROAD TAYLOR, MI 48180				C/O TAX DEPT, 21001 VAN BORN ROAD TAYLOR, MI 48180		
FEI Number:	38-3569431	FEI Number Applied For () FEI N	lumber Not Appl	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 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		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DVS () E GARGARO, EUG 21001 VAN BORN TAYLOR, MI 481	N ROAD	Title: Name: Address: City-St-Zip:	DVS (X) Change () Addition GARGARO, EUGENE A JR 21001 VAN BORN ROAD TAYLOR, MI 48180		
Title: Name: Address: City-St-Zip:	V () E WADHAMS, TIMO 21001 VAN BORN TAYLOR, MI 481	N ROAD	Title: Name: Address: City-St-Zip:	VS (X) Change () Addition WADHAMS, TIMOTHY 21001 VAN BORN ROAD TAYLOR, MI 48180		
Title: Name: Address: City-St-Zip:	DTVS () E SZNEWAJS, JOH 21001 VAN BORI TAYLOR, MI 481	N ROAD	Title: Name: Address: City-St-Zip:	() Change() Addition		
Title: Name: Address: City-St-Zip:	V ()E MOLLIEN, JERRY 21001 VAN BORI TAYLOR, MI 481	N ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DV () E LEEKLEY, JOHN 21001 VAN BORI TAYLOR, MI 481	N RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LEEKLEY, JOHN R 21001 VAN BORN RD TAYLOR, MI 48180		
Title: Name: Address: City-St-Zip:	PCEO () DEMARIE, DONA 2339 BEVILLE RI DAYTONA BEACI	OAD	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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: JERRY W. MOLLIEN VP 04/17/2007