

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000492

Entity Name: UHY ADVISORS MI, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

12900 HALL RD.
SUITE 500
STERLING HEIGHTS, MI 483131153

New Principal Place of Business:

Current Mailing Address:

C/O STUART MANDEL, UHY ADVISORS, INC.
555 LONG WHARF DR., 12TH FLOOR
NEW HAVEN, CT 06511

New Mailing Address:

FEI Number: 38-1910111 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 DR, 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: MANDEL, STUART J
Address: 555 LONG WHARF DRIVE, 12TH FLOOR
City-St-Zip: NEW HAVEN, CT 06511

Title: DASS () Delete
Name: BIKUN, DENNIS W AT
Address: 12900 HALL ROAD, SUITE 500
City-St-Zip: STERLING HEIGHTS, MI 48313

Title: DP () Delete
Name: FRABOTTA, ANTHONY P
Address: 12900 HALL ROAD, SUITE 500
City-St-Zip: STERLING HEIGHTS, MI 48313

Title: D () Delete
Name: FOLLMER, GORDON R
Address: 12900 HALL RD. SUITE 500
City-St-Zip: STERLING HEIGHTS, MI 48313

Title: T () Delete
Name: FISHER, MARCUS R
Address: 26200 AMERICAN DRIVE, SUITE 500
City-St-Zip: STERLING HEIGHTS, MI 48313

Title: VS () Delete
Name: SANTICCHIA, MICHAEL
Address: 26200 AMERICAN DRIVE, SUITE 500
City-St-Zip: STERLING HEIGHTS, MI 48313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DASS (X) Change () Addition
Name: BIKUN, DENNIS W AT
Address: 30 S. WACKER DRIVE, SUITE 2850
City-St-Zip: CHICAGO, IL 60606

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

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

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

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

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: STUART JAY MANDEL

AS

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date