

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000002023

FILED
Jan 08, 2003
Secretary of State

Entity Name: ATWELL-HICKS, INC.

Current Principal Place of Business:

500 AVIS DRIVE
SUITE 100
ANN ARBOR, MI 48106

Current Mailing Address:

500 AVIS DRIVE
SUITE 100
ANN ARBOR, MI 48106

New Principal Place of Business:

500 AVIS DRIVE
SUITE 100
ANN ARBOR, MI 48108

New Mailing Address:

500 AVIS DRIVE
SUITE 100
ANN ARBOR, MI 48108

FEI Number: 38-1343270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MACOMBER, ROBERT G
Address: 359 CRESTWAY CT
City-St-Zip: SALINE, MI 48176

Title: VS () Delete
Name: TIMMONS, RICHARD G
Address: 1975 BROOKVIEW DR
City-St-Zip: SALINE, MI 48176

Title: VS () Delete
Name: WENZEL, BRIAN R
Address: 4378 ST ANDREWS DR
City-St-Zip: HOWELL, MI 48843

Title: VT () Delete
Name: HENDERSON, WILLIAM C
Address: 655 BRIARCLIFF DR
City-St-Zip: GROSSE POINTE, MI 48236

Title: D () Delete
Name: HAEUSSLER, JAMES G
Address: 229 WILLIAMS ST
City-St-Zip: SALINE, MI 48176

Title: V () Delete
Name: O'DONNELL, H. LAWRENCE
Address: 8589 FERNWOOD CT
City-St-Zip: WASHINGTON, MI 48094

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: TIMMONS, RICHARD G
Address: 1975 BROOKVIEW DR
City-St-Zip: SALINE, MI 48176

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 Section 119.07(3)(i), 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: ROBERT G. MACOMBER

P

01/08/2003

Electronic Signature of Signing Officer or Director

Date