

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002735

Entity Name: SEMPERIAN, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

989 E. MEMORIAL BLVD.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

MC 482-B12-C82
200 RENAISSANCE CENTER
DETROIT, MI 48265

New Mailing Address:

FEI Number: 52-2166579 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: VD () Delete
Name: MCCARTY, LEE G
Address: 2000 TOWN CENTER
City-St-Zip: SOUTHFIELD, MI 48075

Title: PD () Delete
Name: WALTERS, STEVEN J
Address: 2000 TOWN CENTER
City-St-Zip: SOUTHFIELD, MI 48075

Title: S () Delete
Name: QUENNEVILLE, CATHY L
Address: 200 RENAISSANCE CENTER
City-St-Zip: DETROIT, MI 48265

Title: AS () Delete
Name: JACOBSEN, MELISSA B
Address: 2000 TOWN CENTER
City-St-Zip: SOUTHFIELD, MI 48075

Title: VD () Delete
Name: PLOOG, WILLIAM C
Address: 2000 TOWN CENTER
City-St-Zip: SOUTHFIELD, MI 48075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: NOULAS, EVAN
Address: 2000 TOWN CENTER
City-St-Zip: SOUTHFIELD, MI 48075

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

Title: AS (X) Change () Addition
Name: JACOBSEN, MELISSA B
Address: 900 N. SQUIRREL RD
City-St-Zip: AUBURN HILLS, MI 48326

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

I hereby certify that the information supplied with this filing does not qualify 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: MELISSA JACOBSEN

MRS

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date