

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003180

Entity Name: CHIMES, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

49 OLD BLOOMFIELD AVE.
MOUNTAIN LAKES, NJ 070461495

New Principal Place of Business:

5455 CORPORATE DRIVE
TROY, MI 48098

Current Mailing Address:

49 OLD BLOOMFIELD AVE.
MOUNTAIN LAKES, NJ 070461495

New Mailing Address:

FEI Number: 22-3717069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: OLSON, BARRY D
Address: 54 CORPORATE DRIVE - SUITE 306
City-St-Zip: TROY, MI 48098

Title: S () Delete
Name: CAULFIELD, MICHAEL
Address: 49 OLD BLOOMFIELD AVE
City-St-Zip: MOUNTAIN LAKES, NJ 07046

Title: VCFO () Delete
Name: SHEA, MICHAEL J
Address: 49 OLD BLOOMFIELD AVE.
City-St-Zip: MOUNTAIN, NJ 070461495

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OLSON, BARRY D
Address: 5455 CORPORATE DRIVE - SUITE 306
City-St-Zip: TROY, MI 48098

Title: S (X) Change () Addition
Name: CAULFIELD, MICHAEL
Address: 5455 CORPORATE DRIVE
City-St-Zip: TROY, MI 48098

Title: TCFO (X) Change () Addition
Name: MOSS, BARBARA
Address: 5455 CORPORATE DRIVE
City-St-Zip: TROY, MI 48098

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: MICHAEL CAULFIELD

S

04/25/2007

Electronic Signature of Signing Officer or Director

Date