

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000004102

1. Entity Name
ALRO INDUSTRIAL SUPPLY CORPORATION



Principal Place of Business
**3100 E. HIGH STREET
JACKSON, MI 49204**

Mailing Address
**P.O. BOX 927
JACKSON, MI 49204**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2598738

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GLICK, BARRY
6200 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000799284
01/30/08-80063-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GLICK, ALVIN L
STREET ADDRESS	1727 THORNWOOD
CITY-ST-ZIP	JACKSON, MI 49203
TITLE	P
NAME	MARTOIA, RICHARD S
STREET ADDRESS	4852 INDIAN CREEK DR
CITY-ST-ZIP	JACKSON, MI 49201
TITLE	VD
NAME	ALYEA, G. MARK
STREET ADDRESS	6901 LANSING AVE.
CITY-ST-ZIP	JACKSON, MI 492018233
TITLE	T
NAME	HOLLENBECK, LEO
STREET ADDRESS	6979 PADDOCK LANE
CITY-ST-ZIP	JACKSON, MI 49201
TITLE	ST
NAME	GLICK, RANDY
STREET ADDRESS	5187 THAMES CT.
CITY-ST-ZIP	JACKSON, MI 49201
TITLE	SD
NAME	GLICK, CARLTON L
STREET ADDRESS	2612 MULLIGAN DRIVE
CITY-ST-ZIP	JACKSON, MI 49203

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #