


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000000332 1. Entity Name COROTECH ACQUISITION CO.	
--	---

Principal Place of Business 803 IONIA AVE NW. GRAND RAPIDS, MI 49503	Mailing Address 803 IONIA AVE NW. GRAND RAPIDS, MI 49503
--	--



03262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3636338	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEAN, JEFF 803 IONIA AVE. NE GRAND RAPIDS, MI 49503
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FUSEE, KEN 803 IONIA AVE NW GRAND RAPIDS, MI 49503
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DEAN, JEFF 803 IONIA AVE NW GRAND RAPIDS, MI 49503
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VISSER, LORI 803 IONIA AVE NW GRAND RAPIDS, MI 49503
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

U000000282900

04/01/05-80005-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3/24/09
Date

616456-5552
Daytime Phone #