

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000000332

1. Entity Name
COROTECH ACQUISITION CO.



Principal Place of Business
2979 REMICO ST SW
GRANDVILLE, MI 49418

Mailing Address
2979 REMICO ST SW
GRANDVILLE, MI 49418



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3636338

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

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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

U000000875558
04/11/08-80038-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAN, JEFF 89 MONROE CTR NW STE 300 GRAND RAPIDS, MI 49503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FUSEE, KEN 2979 REMICO ST SW GRANDVILLE, MI 49418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEAN, JEFF 89 MONROE CTR NW STE 300 GRAND RAPIDS, MI 49503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEAN, JEFF 89 MONROE CTE NW, SUITE 300 GRAND RAPIDS, MI 49503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: X K Fusee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/08
Date

Daytime Phone #