

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90196 005 ***150.00

DOCUMENT # F02000000332

1. Entity Name
COROTECH ACQUISITION CO.



Principal Place of Business
**17181 TAFT STREET
SPRING LAKE MI 49456**

Mailing Address
**17181 TAFT STREET
SPRING LAKE MI 49456**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

803 Ionia Ave N.W.
Suite, Apt. #, etc.

3. Mailing Address

803 Ionia Ave N.W.
Suite, Apt. #, etc.

City & State

Grand Rapids, MI

City & State

Grand Rapids, MI

Zip

49503

Country

Zip

49503

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete

NAME **DEAN, JEFF**
STREET ADDRESS **17181 TAFT STREET**
CITY-ST-ZIP **SPRING LAKE MI 49456**

TITLE **V** ☐ Delete

NAME **FUSEE, KEN**
STREET ADDRESS **17181 TAFT STREET**
CITY-ST-ZIP **SPRING LAKE MI 49456**

TITLE **S** ☐ Delete

NAME **DEAN, JEFF**
STREET ADDRESS **17181 TAFT STREET**
CITY-ST-ZIP **SPRING LAKE MI 49456**

TITLE **T** ☐ Delete

NAME **VISSER, LORI**
STREET ADDRESS **17181 TAFT STREET**
CITY-ST-ZIP **SPRING LAKE MI 49456**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME **803 Ionia Ave NW**
STREET ADDRESS **Grand Rapids, MI 49503**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME **803 Ionia Ave NW**
STREET ADDRESS **Grand Rapids MI 49503**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME **803 Ionia Ave N-W**
STREET ADDRESS **Grand Rapids MI 49503**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME **803 Ionia Ave NW**
STREET ADDRESS **Grand Rapids MI 49503**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED FUSEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 616 456-5552
Day Daytime Phone #