

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90021 012 ***150.00

DOCUMENT # F03000000237

1. Entity Name

MICHIGAN RETAILERS SERVICES, INC.



Principal Place of Business

603 S. WASHINGTON AVE.
LANSING, MI 48933

Mailing Address

603 S. WASHINGTON AVE.
LANSING, MI 48933

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

38-1814245

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2006 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
C
MEYER, LARRY
603 S. WASHINGTON AVE.
LANSING, MI 48933 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAZZONI, ORIN JR.
29317 FORD ROAD
GARDEN CITY, MI 48135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
UNGRODT, THOMAS
2910 HURON PKWY #100
ANN ARBOR, MI 48105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SARASIN, JEAN
603 S. WASHINGTON AVE.
LANSING, MI 48933 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HALLON, JAMES P
603 S. WASHINGTON AVE
LANSING, MI 48933 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James P. Hallan
JAMES P. HALLAN

1/19/06 517-372-5656