

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000000699

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: AMWAY EXECUTIVE PROTECTION, INC.

**Current Principal Place of Business:**

7575 FULTON STREET EAST  
EAST ADA, MI 49355

**New Principal Place of Business:**

**Current Mailing Address:**

7575 FULTON STREET EAST  
EAST ADA, MI 49355

**New Mailing Address:**

FEI Number: 38-3369186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: CLAUDIA SAARI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: WITCHER, CRAIG V  
Address: 7575 FULTON STREET EAST  
City-St-Zip: ADA, MI 49355

Title: DVPS ( ) Delete  
Name: MOHR, MICHAEL A  
Address: 7575 FULTON STREET EAST  
City-St-Zip: ADA, MI 49355

Title: DAS ( ) Delete  
Name: MITCHELL, KIM S  
Address: 7575 FULTON STREET EAST  
City-St-Zip: ADA, MI 49355

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG V. WITCHER

DPT

04/29/2008

Electronic Signature of Signing Officer or Director

Date