2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # F03000001695 SECRETARY OF STATE 1. Entity Name DIVISION OF CORPORATIONS TOTAL PLASTICS INC. 07 NOV 14 PM 12: 32 Principal Place of Business Mailing Address 2810 N BURDICK STREET 2810 N BURDICK STREET KALAMAZOO, MI 49004 KALAMAZOO, MI 49004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07302007 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 38-2203149 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition 0001122457 11/14/07--01003--012 NAME GARRETT, THOMAS NAME 30 STREET ADDRESS 2810 N BURDICK STREET STREET ADDRESS **158.00 KALAMAZOO, MI 49004 CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete TITLE ☐ Change Addition Bolland, Sherry 3400 N Wolf Rd AUFOX, JERRY NAME NAME STREET ADDRESS 3400 N WOLF RD STREET ADDRESS Franklin Park, IL (2013) CITY-ST-ZIP FRANKLIN PARK, IL 60131 CITY-ST-7IP VP Delete TITLE TITLE ☐ Change Addition TALBOTT, DANIEL NAME NAME STREET ADDRESS 1652 GEZON PARKWAY STREET ADDRESS GRAND RAPIDS, MI 49519 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNING OFFICER OR DIRECTOR

Daytime Phone #