

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002323

FILED
Apr 21, 2008
Secretary of State

Entity Name: DELTA DENTAL PLAN OF MICHIGAN, INC.

Current Principal Place of Business:

4100 OKEMOS ROAD
OKEMOS, MI 48864

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 30416
LANSING, MI 489097915

New Mailing Address:

FEI Number: 38-1791480

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: FLESZAR, THOMAS J DDS, MS
Address: 4100 OKEMOS ROAD
City-St-Zip: OKEMOS, MI 48864

Title: S () Delete
Name: LUIGI, BATTAGLIERI
Address: 4100 OKEMOS ROAD
City-St-Zip: OKEMOS, MI 48864

Title: V () Delete
Name: CAHILL, PATRICK T
Address: 4100 OKEMOS ROAD
City-St-Zip: OKEMOS, MI 48864

Title: V () Delete
Name: CZELADA, LAURA L
Address: 4100 OKEMOS ROAD
City-St-Zip: OKEMOS, MI 48864

Title: V () Delete
Name: JACOBSON, JED J
Address: 4100 OKEMOS ROAD
City-St-Zip: OKEMOS, MI 48864

Title: T () Delete
Name: COMAR, TERENCE R
Address: 4100 OKEMOS RD
City-St-Zip: OKEMOS, MI 48864

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S&T (X) Change () Addition
Name: LUIGI, BATTAGLIERI
Address: 4100 OKEMOS ROAD
City-St-Zip: OKEMOS, MI 48864

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

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

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

Title: V (X) Change () Addition
Name: CRISP, SHERRY L
Address: 4100 OKEMOS ROAD
City-St-Zip: OKEMOS, MI 48864

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LU BATTAGLIERI

S&T

04/21/2008

Electronic Signature of Signing Officer or Director

Date