

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90203 019 \*\*\*150.00

<b>DOCUMENT # F03000003382</b>					
<b>1. Entity Name</b> RAND TECHNOLOGIES OF MICHIGAN INC.					
<b>Principal Place of Business</b> ONE LAHSER CENTER SUITE 225, 26400 LAHSER ROAD ✓ SOUTHFIELD, MI 48033			<b>Mailing Address</b> 5285 SOLAR DR. MISSISSAUGA ONTARIO CANADA ✓ L4W 5B8, OC 00000 OC		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01282008    Chg-P    CR2E034 (12/06)	
Zip		Country		<b>4. FEI Number</b> 38-2850507	
City & State		City & State		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD ✓ PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> SEMKIW, BRIAN <b>STREET ADDRESS</b> 1038 ARGYLE DRIVE, OAKVILLE <b>CITY-ST-ZIP</b> ONTARIO CANADA L6J 1A7, OC 00000	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> President/Director/CEO <b>NAME</b> Marc L. Dulude <b>STREET ADDRESS</b> 55 William Street, Suite 240 <b>CITY-ST-ZIP</b> Wellesley, MA 02481	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DVP <b>NAME</b> BALDESARRA, GIANFRANCO <b>STREET ADDRESS</b> 1170 OLD DERRY ROAD, MISSISSAUGA, <b>CITY-ST-ZIP</b> ONTARIO, CANADA, L4W1A1, OC 00000	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Suzanne E. MacLormack <b>STREET ADDRESS</b> 55 William Street, Suite 240 <b>CITY-ST-ZIP</b> Wellesley, MA 02481	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SEMKIW, DENNIS <b>STREET ADDRESS</b> 4110 MOLLY AVENUE, MISSISSAUGA <b>CITY-ST-ZIP</b> ONTARIO, CANADA L4Z1E2, OC 00000	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Richard A. Charpie <b>STREET ADDRESS</b> 55 William Street, Suite 240 <b>CITY-ST-ZIP</b> Wellesley, MA 02481	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> GIMON, PETER W <b>STREET ADDRESS</b> 2076 WATERBRIDGE DRIVE, BURLINGTON <b>CITY-ST-ZIP</b> ONTARIO, CANADA L7M3V9, OC 00000	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Treasurer <b>NAME</b> Peter W. Gimon <b>STREET ADDRESS</b> 5285 Solar Drive <b>CITY-ST-ZIP</b> Mississauga, Ontario L4W 5B8	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> SHIEKH, JEOFF P <b>STREET ADDRESS</b> 7 LAURALYNN CRESCENT, TORONTO <b>CITY-ST-ZIP</b> ONTARIO, CANADA M1S2H3, OC 00000	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Secretary <b>NAME</b> Jeoff P. Shiekh <b>STREET ADDRESS</b> 5285 Solar Drive <b>CITY-ST-ZIP</b> Mississauga, Ontario L4W 5B8	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> EVP <b>NAME</b> OSWALD, JOE A <b>STREET ADDRESS</b> 2248 CAROL ROAD, OAKVILLE <b>CITY-ST-ZIP</b> ONTARIO, CANADA L6J5L1, OC 00000	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 answered.</b>					
<b>SIGNATURE:</b> _____ <b>Jeoff Sheikh</b> 02/20/2008    905-625-2000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

EX-2374