

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005587

Entity Name: WISE SOLUTIONS, INC.

FILED  
Jan 09, 2004  
Secretary of State

## Current Principal Place of Business:

47911 HALYARD  
PLYMOUTH, MI 48170

## New Principal Place of Business:

## Current Mailing Address:

47911 HALYARD  
PLYMOUTH, MI 48170

## New Mailing Address:

FEI Number: 38-3033018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROTH, STEVEN  
800 SPRING PARK LOOP  
CELEBRATION, FL 34747 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: MCMILLAN, JOHN  
Address: 1903 S MILFORD RD  
City-St-Zip: MILFORD, MI 48381

Title: D ( ) Delete  
Name: AMSTER, HERB  
Address: 2601 HEATHERWAY  
City-St-Zip: ANN ARBOR, MI 48104

Title: S ( ) Delete  
Name: ZIARNIK, PAT  
Address: 1601 WEST LAKE RD.  
City-St-Zip: NOVI, MI 48377

Title: T (X) Delete  
Name: ZIARNIK, PAM  
Address: 1601 WEST LAKE RD.  
City-St-Zip: NOVI, MI 48377

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: BUTTERFIELD, GREG  
Address: 588 WEST 400 SOUTH  
City-St-Zip: LINDON, UT 84042

Title: T (X) Change ( ) Addition  
Name: ERICKSON, STEVE  
Address: 588 WEST 400 SOUTH  
City-St-Zip: LINDON, UT 84042

Title: S (X) Change ( ) Addition  
Name: CHRISTENSEN, CRAIG  
Address: 588 WEST 400 SOUTH  
City-St-Zip: LINDON, UT 84042

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREG BUTTERFIELD

C

01/09/2004

Electronic Signature of Signing Officer or Director

Date