2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

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Entity Name: FTC&H, INC.

Current Principal Place of Business:

1515 ARBORETUM DRIVE, SE
GRAND RAPIDS, MI 49546

New Principal Place of Business:

Current Mailing Address:

1515 ARBORETUM DRIVE, SE
GRAND RAPIDS, MI 49546

New Mailing Address:

FEI Number: 38-1841857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 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: PRES ( ) Delete
Name: TOWNLEY, JAMES D
Address: 1931 TALAMORE COURT, SE
City-St-Zip: GRAND RAPIDS, MI 49546

Title: SEC ( ) Delete
Name: ELENBAAS, BRUCE K
Address: 9185 LAKESHORE DRIVE
City-St-Zip: WEST OLIVE, MI 49460

Title: VP ( ) Delete
Name: PETERS, MICHAEL L
Address: 7170 OLD LANTERN DR
City-St-Zip: CALEDONIA, MI 49316

Title: VP ( ) Delete
Name: WILEY, KENNETH G
Address: 4524 CREEKVIEW
City-St-Zip: HUDSONVILLE, MI 49426

Title: TRES ( ) Delete
Name: GIPSON, WILLIAM C
Address: 7550 HERRINGTON
City-St-Zip: BELMONT, MI 49306

Title: VP ( ) Delete
Name: SMALLIGAN, JAMES E
Address: 2858 REEDS LAKE BLVD, SE
City-St-Zip: EAST GRAND RAPIDS, MI 49506

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:

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: WILLIAM C GIPSON TRES 04/06/2009

Electronic Signature of Signing Officer or Director — Date