

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001674

Entity Name: WHITELINE EXPRESS, LTD., INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

41605 ANN ARBOR RD.  
P.O. BOX 2500 C  
PLYMOUTH, MI 48170

## New Principal Place of Business:

41605 ANN ARBOR RD.  
PLYMOUTH, MI 48170

## Current Mailing Address:

41605 ANN ARBOR RD.  
P.O. BOX 2500 C  
PLYMOUTH, MI 48170

## New Mailing Address:

FEI Number: 38-2437748      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: YOUNG, WILLIAM C  
Address: 41605 ANN ARBOR RD.  
City-St-Zip: PLYMOUTH, MI 48170

Title: D ( ) Delete  
Name: SCHELLENBERG, THOMAS L  
Address: 255 EAST BROWN ST, STE 125  
City-St-Zip: BIRMINGHAM, MI 48009

Title: S ( ) Delete  
Name: UNDERHILL, LEANN M  
Address: 41605 ANN ARBOR RD.  
City-St-Zip: PLYMOUTH, MI 48170

Title: A1 ( ) Delete  
Name: PLOTZKE, MICHAEL J  
Address: 41605 ANN ARBOR RD.  
City-St-Zip: PLYMOUTH, MI 48170

## 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:

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: MICHAEL J. PLOTZKE

A1

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date