

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002092

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: NEYER, TISEO & HINDO, LTD., INC.

## Current Principal Place of Business:

480 FORD FIELD  
2000 BRUSH STREET  
DETROIT, MI 48226

## New Principal Place of Business:

## Current Mailing Address:

38955 HILLS TECH DRIVE  
FARMINGTON HILLS, MI 48331

## New Mailing Address:

41780 SIX MILE ROAD  
NORTHVILLE, MI 48168

FEI Number: 38-1880747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: SWAFFAR, KEITH M P.E.  
Address: 480 FORD FIELD, 2000 BRUSH  
City-St-Zip: DETROIT, MI 48226

Title: VS ( ) Delete  
Name: STADNICAR, JOHN B P.E.  
Address: 444 CREAMERY WAY, STE 100  
City-St-Zip: EXTON, PA 19341

Title: CT ( ) Delete  
Name: HOPPE, KEVIN B P.E.  
Address: 480 FORD FIELD, 2000 BRUSH  
City-St-Zip: DETROIT, MI 48226

Title: V ( ) Delete  
Name: KLINGLER, FRITZ J P.E.  
Address: 480 FORD FIELD, 2000 BRUSH STREET  
City-St-Zip: DETROIT, MI 48226

Title: V ( ) Delete  
Name: SMITS, BRIAN S P.E.  
Address: 1430 MONROE AVENUE NW, S-180  
City-St-Zip: GRAND RAPIDS, MI 49505

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VS (X) Change ( ) Addition  
Name: STADNICAR, JOHN B P.E.  
Address: 41780 SIX MILE ROAD  
City-St-Zip: NORTHVILLE, MI 48168

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 ( ) Change (X) Addition  
Name: LARSEN, PAUL C P.E.  
Address: 303 NORTH ALABAMA, SUITE 110  
City-St-Zip: INDIANAPOLIS, IN 46204

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: KEVIN B. HOPPE

CT

04/06/2009

Electronic Signature of Signing Officer or Director

Date