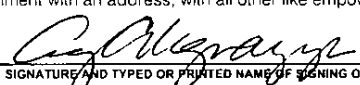


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-03-2008 90211 048 ***150.00

DOCUMENT # F04000006326 1. Entity Name ROSE LAND AND FINANCE CORP.					
Principal Place of Business 241 E. SAGINAW EAST LANSING, MI 48823			Mailing Address PO BOX 980 EAST LANSING, MI 48826-0980		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 56-2350187 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				02262008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOOTE, KENNETH J 241 E. SAGINAW, STE. 300 EAST LANSING, MI 48823 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAHL, MARK D 241 E. SAGINAW EAST LANSING, MI 48823 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOOTE, FREDERICK C 241 E. SAGINAW EAST LANSING, MI 48823 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TITUS, BRIAN C 241 E. SAGINAW EAST LANSING, MI 48823 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KACZMARCZYK, AMY A 241 E. SAGINAW EAST LANSING, MI 48823 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALLO, CHRISTOPHER 241 E. SAGINAW EAST LANSING, MI 48823 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 empowered.					
SIGNATURE: 			2-26-08 517-336-7617 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					