

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 27, 2009
Secretary of State**

DOCUMENT# F05000002163

Entity Name: WADE TRIM OPERATIONS SERVICES, INC.

Current Principal Place of Business:

8745 HENDERSON RD, SUITE 220
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

25251 NORTHLINE RD, PO BOX 10
TAYLOR, MI 48180 US

New Mailing Address:

FEI Number: 38-3293849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRZEZINSKI, THOMAS S
8745 HENDERSON RD
RENAISSANCE 5, SUITE 220
TAMPA, FL 336341143 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

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: VAGO, DAVID
Address: 25251 NORTHLINE RD, PO BOX 10
City-St-Zip: TAYLOR, MI 48180 US

Title: VD () Delete
Name: COLEMAN, MARK
Address: 500 GRISWOLD AVE, SUITE 2500
City-St-Zip: DETROIT, MI 48226 US

Title: VSD () Delete
Name: TRUAX, TIMOTHY
Address: 241 EAST STATE STREET
City-St-Zip: TRAVERSE CITY, MI 49684 US

Title: T () Delete
Name: PICANO, RALPH
Address: 25251 NORTHLINE RD, PO BOX 10
City-St-Zip: TAYLOR, MI 48180 US

Title: VD () Delete
Name: PREVO, WILLIAM
Address: 25251 NORTHLINE RD, PO BOX 10
City-St-Zip: TAYLOR, MI 48180 US

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

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: VD () Change (X) Addition
Name: BRZEZINSKI, THOMAS S
Address: 8745 HENDERSON RD, SUITE 220
City-St-Zip: TAMPA, FL 33634 US

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: RALPH PICANO

Electronic Signature of Signing Officer or Director

T

05/27/2009

Date