

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000002439

1. Entity Name
BERGIN FINANCIAL, INC.



Principal Place of Business
29200 NORTHWESTERN HWY
SUITE 350
SOUTHFIELD, MI 48034

Mailing Address
29200 NORTHWESTERN HWY
SUITE 350
SOUTHFIELD, MI 48034



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3238838
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000836789
03/04/08-80025-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CCEO
BERGIN, JOSEPH
586 CHASE LN.
BLOOMFIELD HILLS, MI 48009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
BERGIN, MATTHEW
31756 ALLERTON
BEVERLY HILLS, MI 48025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOT
BERGIN, NICOLA
586 CHASE LN.
BLOOMFIELD HILLS, MI 48009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
WHITING, WILLIAM
1671 BEDFORD SQUARE, #206
ROCHESTER HILLS, MI 48306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #