

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003080

Entity Name: LYNCH SALES COMPANY

FILED  
Apr 27, 2011  
Secretary of State

**Current Principal Place of Business:**

161 OTTAWA AVE  
SUITE 300F  
GRAND RAPIDS, MI 49503

**New Principal Place of Business:**

**Current Mailing Address:**

161 OTTAWA AVE  
SUITE 300F  
GRAND RAPIDS, MI 49503

**New Mailing Address:**

FEI Number: 38-2947999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYNCH, CHRISTOPHER L  
55 MIRACLE MILE  
SUITE 320  
CORAL GABLES, FL 33134 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: CVP  
Name: LYNCH, JUDSON M  
Address: 161 OTTAWA AVE NW, SUITE 300-F  
City-St-Zip: GRAND RAPIDS, MI 49503

Title: P  
Name: CONNOLLY, JOSEPH F  
Address: 161 OTTAWA AVE NW, SUITE 300-F  
City-St-Zip: GRAND RAPIDS, MI 49503

Title: STD  
Name: LYNCH, CHRISTOPHER L  
Address: 161 OTTAWA AVE NW, SUITE 300-F  
City-St-Zip: GRAND RAPIDS, MI 49503

Title: D  
Name: LYNCH, DANIEL L SR  
Address: 161 OTTAWA AVE NW, SUITE 300-F  
City-St-Zip: GRAND RAPIDS, MI 49503

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER L. LYNCH

STD

04/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date