

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005355

Entity Name: FIVE SQUARE MANAGEMENT, INC.

FILED
Feb 01, 2006
Secretary of State

Current Principal Place of Business:

241 E. SAGINAW, SUITE 300
EAST LANSING, MI 48823

New Principal Place of Business:

241 E. SAGINAW
300
EAST LANSING, MI 48823

Current Mailing Address:

P.O. BOX 4010
EAST LANSING, MI 488264010

New Mailing Address:

FEI Number: 38-3089767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PVC () Delete
Name: FOOTE, FREDERICK C
Address: 241 E. SAGINAW, SUITE 300
City-St-Zip: EAST LANSING, MI 48823

Title: CV () Delete
Name: FOOTE, KENNETH J
Address: 241 E. SAGINAW, SUITE 300
City-St-Zip: EAST LANSING, MI 48823

Title: ST () Delete
Name: KACZMARCZYK, AMY A
Address: 241 E. SAGINAW, SUITE 300
City-St-Zip: EAST LANSING, MI 48823

Title: D () Delete
Name: FOOTE, SUSAN L
Address: 241 E. SAGINAW, SUITE 300
City-St-Zip: EAST LANSING, MI 48823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOOTE, FREDERICK C
Address: 241 E. SAGINAW, SUITE 300
City-St-Zip: EAST LANSING, MI 48823

Title: VPD (X) Change () Addition
Name: FOOTE, KENNETH J
Address: 241 E. SAGINAW, SUITE 300
City-St-Zip: EAST LANSING, MI 48823

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AMY A KACZMARCZYK

T

02/01/2006

Electronic Signature of Signing Officer or Director

_____ Date