

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003655

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: SIGNATURE RESEARCH, INC.

**Current Principal Place of Business:**

56905 CALUMET AVE  
CALUMET, MI 49913

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 346  
CALUMET, MI 49913

**New Mailing Address:**

FEI Number: 38-3045377      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WEEKS, KIRK L  
1 ELEVENTH AVE BLDG B STE #1  
SHALIMAR, FL 325791319 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: P ( ) Delete  
Name: REYNOLDS, WILLIAM R  
Address: 53674 N HWY M-203  
City-St-Zip: HANCOCK, MI 49930

Title: V ( ) Delete  
Name: HILGERS, JOHN W  
Address: 1007 10TH  
City-St-Zip: HOUGHTON, MI 49931

Title: S ( ) Delete  
Name: MAKI, TRACY T  
Address: 30404 TOWNSHIP PK RD  
City-St-Zip: CALUMET, MI 49913

Title: T ( ) Delete  
Name: HILGERS, JOHN W  
Address: 1007 10TH  
City-St-Zip: HOUGHTON, MI 49931

Title: V ( ) Delete  
Name: JANICKI, PHILLIP M  
Address: 100 SPRUCE ST  
City-St-Zip: HOUGHTON, MI 49931

Title: V ( ) Delete  
Name: WEATHERSBY, MARSHALL R  
Address: P.O.BOX 402  
City-St-Zip: CALUMET, MI 49913

**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: ( ) 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: TRACY T. MAKI

S

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date