

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003655

FILED
Mar 02, 2009
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
2045 FOUNTAIN PROFESSIONAL CT, STE. C
NAVARRE, FL 325665108 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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date