2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90072 049 ***150.00 DOCUMENT #F06000003806 1. Entity Name RBS COMPANIES, INC. 40062420 Principal Place of Business Mailing Address 2250 GENOA BUSINESS PARK DR STE 100 2250 GENOA BUSINESS PARK DR STE 100 BRIGNTON, MI 48114 BRIGNTON, MI 48114 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 38-3576105 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHLOTTHAUER, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 200 S ORANGE AVE SARSOTA, FL 34236 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 СТ Addition TITLE Delete TITLE Change STOY, RALPH B NAME NAME 2216 WILDFLOWER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILFORDN, MI 48380 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition STOY, R. BRIAN STREET ADDRESS 4976 GULLANE STREET ADDRESS ANN ARBOR, MI 48103 CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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 suppliemental 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

David Halasz

changed, or on an attachment with an address, with all other like empowered.

FILED

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