

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000007036

1. Entity Name
COMERICA LEGACY FOUNDATION, INCORPORATED



Principal Place of Business
101 NORTH MAIN STREET
SUITE 100
ANN ARBOR, MI 48104

Mailing Address
101 NORTH MAIN STREET
SUITE 100
ANN ARBOR, MI 48104



02072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2833444

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SECR
NAME	KELLY, CHRISTOPHER
STREET ADDRESS	100 N MAIN ST. STE 100 M/C 9413
CITY-ST-ZIP	ANN ARBOR, MI 48104
TITLE	TREA
NAME	DROGS, SCOTT A
STREET ADDRESS	101 N. MAIN ST., STE. 100, MAIL CODE 9413
CITY-ST-ZIP	ANN ARBOR, MI 48104
TITLE	PRES
NAME	SCHUPRA, GREGORY A
STREET ADDRESS	101 NORTH MAIN STREET, SUITE 100
CITY-ST-ZIP	ANN ARBOR, MI 48104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U00000830903

02/26/08-80101-018 61.25

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 supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT A DROGS

Date

Daytime Phone #

2/13/08

734-930-2416