2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# F06000007036

Entity Name: COMERICA LEGACY FOUNDATION, INCORPORATED

Current Principal Place of Business:

101 NORTH MAIN STREET
SUITE 100
ANN ARBOR, MI 48104

New Principal Place of Business:

Current Mailing Address:

101 NORTH MAIN STREET
SUITE 100
ANN ARBOR, MI 48104

New Mailing Address:

FEI Number: 94-2833444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SECR ( ) Delete
Name: KELLY, CHRISTOPHER
Address: 100 N MAIN ST. STE 100 M/C 9413
City-St-Zip: ANN ARBOR, MI 48104

Title: TREA ( ) Delete
Name: DROGS, SCOTT A
Address: 101 N. MAIN ST., STE. 100, MAIL CODE 9413
City-St-Zip: ANN ARBOR, MI 48104

Title: PRES ( ) Delete
Name: SCHUPRA, GREGORY A
Address: 101 NORTH MAIN STREET, SUITE 100
City-St-Zip: ANN ARBOR, MI 48104

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: KELLY, CHRISTOPHER
Address: 100 N MAIN ST. STE 100 M/C 9413
City-St-Zip: ANN ARBOR, MI 48104

Title: VP (X) Change ( ) Addition
Name: DROGS, SCOTT A
Address: 101 N. MAIN ST., STE. 100, MAIL CODE 9413
City-St-Zip: ANN ARBOR, MI 48104

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

Title: TREA ( ) Change (X) Addition
Name: BUCKLEY, WILLIAM
Address: 500 WOODWARD 22ND FLOOR
City-St-Zip: DETROIT, MI 48226

Title: SECR ( ) Change (X) Addition
Name: GOELLNITZ, MICHAEL
Address: 500 WOODWARD 22ND FLOOR
City-St-Zip: DETROIT, MI 48226

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY SCHUPRA PRES 03/19/2009

Electronic Signature of Signing Officer or Director — Date