

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90031 005 ***150.00

DOCUMENT # F06000007355

1. Entity Name

STRATEGIC CONSTRUCTION SOLUTIONS, INC.



Principal Place of Business

500 AVIS DRIVE
SUITE 100
ANN ARBOR MI 48108

Mailing Address

500 AVIS DRIVE
SUITE 100
ANN ARBOR MI 48108

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-1044225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C.T. CORPORATION
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 date, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☒ Delete
NAME MACOMBER, ROBERT G
STREET ADDRESS 500 AVIS DRIVE, SUITE 100
CITY-ST-ZIP ANN ARBOR MI 48108

TITLE Treasurer ☐ Change ☐ Addition
NAME Haeussler, James
STREET ADDRESS 500 Avis Drive, Suite 100
CITY-ST-ZIP Ann Arbor, MI 48108

TITLE VCS ☒ Delete
NAME WENZEL, BRIAN R
STREET ADDRESS 500 AVIS DRIVE, SUITE 100
CITY-ST-ZIP ANN ARBOR MI 48108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☒ Delete
NAME BURKHARDT, GLENN S
STREET ADDRESS 500 AVIS DRIVE, SUITE 100
CITY-ST-ZIP ANN ARBOR MI 48108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Delete
NAME SKOCHELAK, JAMES D
STREET ADDRESS 500 AVIS DRIVE, SUITE 100
CITY-ST-ZIP ANN ARBOR MI 48108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President ☐ Delete
NAME Henderson, William C
STREET ADDRESS 500 Avis Drive, Suite 100
CITY-ST-ZIP Ann Arbor, MI 48108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☐ Delete
NAME D'Anna, Steven
STREET ADDRESS 500 Avis Drive, Suite 100
CITY-ST-ZIP Ann Arbor, MI 48108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: *William C Henderson* William Henderson 4-22-08 786-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #