

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000052

FILED
Apr 28, 2009
Secretary of State

Entity Name: CSSC INVESTMENT ADVISORY SERVICES, INC.

Current Principal Place of Business:

755 W BIG BEAVER - STE 2000
TROY, MI 48084

New Principal Place of Business:

755 WEST BIG BEAVER RD
STE 2000
TROY, MI 48084

Current Mailing Address:

755 W BIG BEAVER - STE 2000
TROY, MI 48084

New Mailing Address:

755 WEST BIG BEAVER RD
STE 2000
TROY, MI 48084

FEI Number: 38-3394334

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: SMITH, ERIC S
Address: 755 W BIG BEAVER - STE 2000
City-St-Zip: TROY, MI 48084

Title: VPD () Delete
Name: FRY, KEITH A
Address: 755 W BIG BEAVER - STE 2000
City-St-Zip: TROY, MI 48084

Title: T () Delete
Name: FRY, KEITH A
Address: 755 W BIG BEAVER, STE 2000
City-St-Zip: TROY, MI 48084

Title: S () Delete
Name: FRY, KEITH A
Address: 755 WEST BIG BEAVER, STE 2000
City-St-Zip: TROY, MI 48084

Title: D (X) Delete
Name: SMITH, JEFFREY A
Address: 755 WEST BIG BEAVER, STE 2000
City-St-Zip: TROY, MI 48084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CCO (X) Change () Addition
Name: KEAGLE, EMILY
Address: 755 W BIG BEAVER - STE 2000
City-St-Zip: TROY, MI 48084

Title: CO (X) Change () Addition
Name: LAROSE, JENNIFER A
Address: 755 W BIG BEAVER, STE 2000
City-St-Zip: TROY, MI 48084

Title: D (X) Change () Addition
Name: SMITH, JEFFREY A
Address: 755 WEST BIG BEAVER, STE 2000
City-St-Zip: TROY, MI 48084

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: JEFF SMITH

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date