

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001682

FILED
Jan 22, 2008
Secretary of State

Entity Name: HUBBELL, ROTH & CLARK, INC.

Current Principal Place of Business:

555 HULET DRIVE
BLOOMFIELD HILLS, MI 48302

New Principal Place of Business:

Current Mailing Address:

555 HULET DRIVE
BLOOMFIELD HILLS, MI 48302

New Mailing Address:

FEI Number: 38-0668370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: CHRM () Delete
Name: HUBBELL, GEORGE E
Address: 555 HULET DRIVE
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: P () Delete
Name: HUBBELL, GEORGE E
Address: 555 HULET DRIVE
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: VCHR () Delete
Name: BIEHL, THOMAS E
Address: 555 HULET DRIVE
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: V () Delete
Name: BIEHL, THOMAS E
Address: 555 HULET DRIVE
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: SD () Delete
Name: ALIX, WALTER H
Address: 555 HULET DRIVE
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: TD () Delete
Name: ROTH, PETER T
Address: 555 HULET DRIVE
City-St-Zip: BLOOMFIELD HILLS, MI 48302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HUBBELL, GEORGE E
Address: 555 HULET DRIVE
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: CHAR (X) Change () Addition
Name: HUBBELL, GEORGE E
Address: 555 HULET DRIVE
City-St-Zip: BLOOMFIELD HILLS, MI 48302

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

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

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

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: WALTER H. ALIX

SD

01/22/2008

Electronic Signature of Signing Officer or Director

Date