

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001188

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** LOGISTICS INSIGHT CORP.

**Current Principal Place of Business:**

11355 STEPHENS ROAD  
WARREN, MI 48089

**New Principal Place of Business:**

**Current Mailing Address:**

11355 STEPHENS ROAD  
WARREN, MI 48089

**New Mailing Address:**

**FEI Number:** 38-3059310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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: PRES  
Name: WOLFE, H.E.  
Address: 11355 STEPHENS ROAD  
City-St-Zip: WARREN, MI 48089

Title: SECR  
Name: AKKANEN, M.D.  
Address: 11355 STEPHENS ROAD  
City-St-Zip: WARREN, MI 48089

Title: TREA  
Name: WOLFE, H.E.  
Address: 11355 STEPHENS ROAD  
City-St-Zip: WARREN, MI 48089

Title: VP  
Name: AKKANEN, M.D.  
Address: 11355 STEPHENS ROAD  
City-St-Zip: WARREN, MI 48089

Title: DIRE  
Name: WOLFE, H.E.  
Address: 11355 STEPHENS ROAD  
City-St-Zip: WARREN, MI 48089

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID A. CRITTENDEN

CFO

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date