2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002186

Title:

Name:

Address:

City-St-Zip:

FILED Apr 23, 2007 Secretary of State

Entity Name: STEVENS VAN LINES, INC. **Current Principal Place of Business: New Principal Place of Business:** 527 MORLEY DR SAGINAW, MI 48601 **Current Mailing Address: New Mailing Address:** PO BOX 3276 SAGINAW, MI 48605 FEI Number: 41-0986655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition STEVENS, MORRISON M. SR BISKNER, JOSEPH A Name: Name: 759 TIMBERWOOD LANE 706 W. MIDLAND ST Address: Address: City-St-Zip: SAGINAW, MI City-St-Zip: BAY CITY, MI 48706 US Title: Title: () Delete (X) Change () Addition GRZESIAK, ALFRED F Name: GRZESIAK, ALFRED F Name: 2600 CENTER AVE 2600 CENTER AVE Address: Address: BAY CITY, MI 48708 US City-St-Zip: BAY CITY, MI City-St-Zip: () Delete Title: Title: (X) Change () Addition STEVENS, MORRISON JR. STEVENS, MORRISON M JR. Name: Name: #4 BENTON RD #4 RENTON RD Address: Address: City-St-Zip: SAGINAW, MI 48604 City-St-Zip: SAGINAW, MI 48604

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALFRED F. GRZESIAK V 04/23/2007

() Delete

() Change (X) Addition

STEVENS, LINDSAY S

SAGINAW, MI 48602 US

2227 DELEWARE