

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002186

Entity Name: STEVENS VAN LINES, INC.

FILED
Apr 26, 2008
Secretary of State

Current Principal Place of Business:

527 MORLEY DR
SAGINAW, MI 48601

New Principal Place of Business:

Current Mailing Address:

PO BOX 3276
SAGINAW, MI 48605

New Mailing Address:

FEI Number: 41-0986655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. 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: P () Delete
Name: BISKNER, JOSEPH A
Address: 706 W. MIDLAND ST
City-St-Zip: BAY CITY, MI 48706 US

Title: V () Delete
Name: GRZESIAK, ALFRED F
Address: 2600 CENTER AVE
City-St-Zip: BAY CITY, MI 48708 US

Title: T () Delete
Name: STEVENS, MORRISON M JR.
Address: #4 BENTON RD
City-St-Zip: SAGINAW, MI 48604

Title: S () Delete
Name: STEVENS, LINDSAY S
Address: 2227 DELEWARE
City-St-Zip: SAGINAW, MI 48602 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALFRED F GRZESIAK

VP

04/26/2008

Electronic Signature of Signing Officer or Director

Date