# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2009**
**Secretary of State**

DOCUMENT# F94000002186

**Entity Name:** STEVENS VAN LINES, INC.

**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 ( )**

**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 (X) 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: LINDSAY S. STEVENS S 04/24/2009

Electronic Signature of Signing Officer or Director Date