2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000004093

1. Entity Name
ERVIN LEASING COMPANY

Principal Place of Business	Mailing Address
3893 RESEARCH PARK DR ANN ARBOR, MI 48108 US	3893 RESEARCH PARK DR ANN ARBOR, MI 48108 US

DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
38-2833066
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GAFFNEY, D B
STREET ADDRESS	3893 RESEARCH PARK DR
CITY-ST-ZIP	ANN ARBOR, MI 48108
TITLE	ST
NAME	CONZELMANN, THOMAS J
STREET ADDRESS	3893 RESEARCH PARK DR
CITY-ST-ZIP	ANN ARBOR, MI 48108
TITLE	D
NAME	PEARSON, JOHN E
STREET ADDRESS	3893 RESEARCH PARK DR.
CITY-ST-ZIP	ANN ARBOR, MI 48108
TITLE	D
NAME	MERETTA, JAMES L
STREET ADDRESS	3893 RESEARCH PARK DRIVE
CITY-ST-ZIP	ANN ARBOR, MI
TITLE	D
NAME	SERNS, RICHARD N
STREET ADDRESS	3893 RESEARCH PK DR
CITY-ST-ZIP	ANN ARBOR, MI
TITLE	D
NAME	STEPHENSON, JAMES E
STREET ADDRESS	3893 RESEARCH PRK DR
CITY-ST-ZIP	ANN ARBOR, MI

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01/13/04-80018-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ECHPERS 1.5.04 734.332.5402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #