## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000004093

Entity Name: ERVIN LEASING COMPANY

FILED Feb 28, 2008 Secretary of State

0000 DE05	illicipai Flaci	e of Business:	New Principal Place of Business:
	EARCH PARK DR, MI 48108		
Current M	ailing Addre	ss:	New Mailing Address:
	EARCH PARK DR, MI 48108		
FEI Number:	38-2833066	FEI Number Applied For	( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of (	Current Registered Age	ent: Name and Address of New Registered Agent:
1200 S. PIN	ORATION SYS NE ISLAND R ON, FL 33324	D.	
	named entity of Florida.	submits this statement fo	or the purpose of changing its registered office or registered agent, or both,
SIGNATUF			
	Electro	nic Signature of Register	ed Agent Date
Election Can	npaign Financin	g Trust Fund Contribution (	).
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address:	P ( GAFFNEY, D E 3893 RESEAR ANN ARBOR, N	CH PARK DR	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip: Title: Name: Address:	GAFFNEY, DE 3893 RESEAR ANN ARBOR, N	CH PARK DR MI 48108 ) Delete I, THOMAS J CH PARK DR	Name: Address:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Name: Address:	GAFFNEY, DE 3893 RESEAR ANN ARBOR, N ST ( CONZELMANN 3893 RESEAR ANN ARBOR, N	CH PARK DR MI 48108  ) Delete I, THOMAS J CH PARK DR MI 48108  ) Delete HN E CH PARK DR.	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GAFFNEY, DE 3893 RESEAR ANN ARBOR, N ST ( CONZELMANN 3893 RESEAR ANN ARBOR, N D ( PEARSON, JO 3893 RESEAR ANN ARBOR, N D ( MERETTA, JAI	CH PARK DR MI 48108  ) Delete I, THOMAS J CH PARK DR MI 48108  ) Delete HN E CH PARK DR. MI 48108  ) Delete US BREE  OB PARK DR. MI 48108  ) Delete MES L CH PARK DRIVE	Name: Address: City-St-Zip:  Title: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip:	GAFFNEY, DE 3893 RESEAR ANN ARBOR, NO ST (CONZELMANN 3893 RESEAR ANN ARBOR, NO SEAR AND A	CH PARK DR MI 48108  ) Delete I, THOMAS J CH PARK DR MI 48108  ) Delete HN E CH PARK DR. MI 48108  ) Delete MES L CH PARK DRIVE MI ) Delete ARD N CH PK DR	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: D (X) Change ( ) Addition Name: ROGERS, LYNN H Address: 3893 RESEARCH PARK DRIVE

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: THOMAS J. CONZELMANN CFO 02/28/2008