

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004093

Entity Name: ERVIN LEASING COMPANY

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3893 RESEARCH PARK DR
ANN ARBOR, MI 48108 US

New Principal Place of Business:

Current Mailing Address:

3893 RESEARCH PARK DR
ANN ARBOR, MI 48108 US

New Mailing Address:

FEI Number: 38-2833066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: GAFFNEY, D B
Address: 3893 RESEARCH PARK DR
City-St-Zip: ANN ARBOR, MI 48108

Title: ST () Delete
Name: CONZELMANN, THOMAS J
Address: 3893 RESEARCH PARK DR
City-St-Zip: ANN ARBOR, MI 48108

Title: D () Delete
Name: PEARSON, JOHN E
Address: 3893 RESEARCH PARK DR.
City-St-Zip: ANN ARBOR, MI 48108

Title: D () Delete
Name: ROGERS, LYNN H
Address: 3893 RESEARCH PARK DRIVE
City-St-Zip: ANN ARBOR, MI 48108

Title: D () Delete
Name: AVOLI, WILLIAM A
Address: 3893 RESEARCH PK DR
City-St-Zip: ANN ARBOR, MI 48108

Title: D () Delete
Name: SARNS, RICHARD N
Address: 3893 RESEARCH PRK DR
City-St-Zip: ANN ARBOR, MI 48108

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROPHY, DAVID J
Address: 3893 RESEARCH PRK DR
City-St-Zip: ANN ARBOR, MI 48108

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

04/30/2009

Electronic Signature of Signing Officer or Director

Date