

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001385

Entity Name: WILSON, KEMP & ASSOCIATES, INC.

FILED
Jun 25, 2009
Secretary of State

Current Principal Place of Business:

400 RENAISSANCE CENTER, SUITE 2155
DETROIT, MI 48243

New Principal Place of Business:

Current Mailing Address:

400 RENAISSANCE CENTER, SUITE 2155
DETROIT, MI 48243

New Mailing Address:

FEI Number: 38-1878151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMPASS ASSOCIATES, LLC
790 JUNO OCEAN WALK STE 401
NORTH PALM BEACH, FL 33408 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CT () Delete
Name: WILSON, THOMAS A
Address: 400 RENAISSANCE CNETER, SUITE 2155
City-St-Zip: DETROIT, MI 48243

Title: PS () Delete
Name: KEMP, ROBERT D JR.
Address: 400 RENAISSANCE CNETER, SUITE 2155
City-St-Zip: DETROIT, MI 48243

Title: D () Delete
Name: COUZENS, FRANK
Address: 400 RENAISSANCE CNETER, SUITE 2155
City-St-Zip: DETROIT, MI 48243

Title: D () Delete
Name: GREGORY, E. MARK III
Address: 400 RENAISSANCE CNETER, SUITE 2155
City-St-Zip: DETROIT, MI 48243

Title: D () Delete
Name: MORAN, JOSEPH A
Address: 400 RENAISSANCE CTR, STE 2155
City-St-Zip: DETROIT, MI 48243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: WILSON, THOMAS A
Address: 400 RENAISSANCE CNETER, SUITE 2155
City-St-Zip: DETROIT, MI 48243

Title: P (X) Change () Addition
Name: VAN FAUSSIEN, MARK E
Address: 400 RENAISSANCE CNETER, SUITE 2155
City-St-Zip: DETROIT, MI 48243

Title: VST (X) Change () Addition
Name: LINDOW, DONALD A
Address: 400 RENAISSANCE CNETER, SUITE 2155
City-St-Zip: DETROIT, MI 48243

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: THOMAS A WILSON

C

06/25/2009

Electronic Signature of Signing Officer or Director

Date