2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001689

Entity Name: CARL WALKER, INC.

FILED Feb 15, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
5136 LOVERS LANE					
200 KALAMAZOO, MI 49002					
Current Mailing Address:			New Maili	New Mailing Address:	
5136 LOVERS LANE					
200 KALAMAZOO, MI 49002					
FEI Number: 38-2622047 FEI Number Applied For () FEI Number		FEI Number Not Appl	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US					
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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PTDC () C CUDNEY, GARY I 3464 WHISTLING KALAMAZOO, MI	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () C HIBBARD, FORRI 812 BRANDON PA ATLANTA, GA 30	ARK PLACE	Title: Name: Address: City-St-Zip:	VSD (X) Change () Addition ORTLIEB, MICHAEL C 3659 ARBUTUS TRAIL PORTAGE, MI 49024	
Title: Name: Address: City-St-Zip:	VD () C ORTLIEB, MICHA 3659 ARBUTUS T PORTAGE, MI 48	RAIL	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition POSTMA, MARK A 10198 WEST L AVENUE KALAMAZOO, MI 49009	
Title: Name: Address: City-St-Zip:	V () C VAN HUSEN, JIM 3340 W SHANNO CHANDLER, AZ	N PLACE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MCGRAW, ROBERT 229 E. MICHIGAN AVE, SUITE 335 KALAMAZOO, MI 49007	
Title: Name: Address: City-St-Zip:	V () C VASONIS, GAILIU 4714 ROMENCE PORTAGE, MI 48	RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SUMMERS, MICHAEL 1038 GAYNOR CT GRAND RAPIDS, MI 49544	
Title: Name: Address: City-St-Zip:	V (X) E ROWLAND, JOE' 8925 SCOTCH HE CHARLOTTE, NC	EATHER WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
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: DAVID KENT 02/15/2008 ٧