2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9500002475 Mar 20, 2000 8:00 am **Secretary of State** STEELCASE FINANCIAL SERVICES INC. 03-20-2000 90027 046 ***150.00 Principal Place of Business Mailing Address 1111 44TH ST. SE 1111- 44TH ST. SE **GRAND RAPIDS MI 49508-7505** GRAND RAPIDS MI 49508 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 38-2560176 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 SIGNATURE DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME ROUGIER-CHAPMAN, ALWYN > ctte STREET ADDRESS STREET ADORES 901 44TH ST. SE, MC CH-5C-CITY-ST-ZIP CITY-ST-ZIP **GRAND RAPIDS MI 49508** Change ☐ Addition ☐ Delete TITLE TITLE NAME KLEIN, JOHN NAME 7901 44th STSE STREET ADDRESS STREET ADDRESS (1) 44TH ST SE CITY-ST-7IP CITY-ST-ZIP **GRAND RAPIDS MI 49508** Change Addition ☐ Delete TITLE TITLE OFF 44th St SE NAME NAME SULLIVAN, THOMAS STREET ADDRESS STREET ADDRESS 2117 441H ST SE CITY-ST-7IP CITY-ST-ZIP GRAND RAPIDS MI ☐ Addition ☐ Delete TITLE TITLE NAME NAME HICKEY, NANCY > CH4E STREET ADDRESS STREET ADDRESS 901 44TH ST. SE, MC GD-3N-1 YGRAND KAPIOS, MI CITY-ST-ZIP CITY-ST-ZII TRAND RAPIDS MI 49508 ☐ Addition Change TITLE Delete TITLE NAME >10th Floor NAME BEARD, JAMES STREET ADDRESS STREET ADDRESS 3322 W END AVE, STE 610 CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203-0982 Change ☐ Delete TITLE TITLE NAME 1024 Essex Corcle NAME **ELLIOTT, CHARLES** STREET ADDRESS *KELLOGG COMPANY, ONE KELLOGG SO Kalamazoo, M1 49008 CITY-ST-ZIP **BATTLE CREEK MI 49016**

13. 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 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 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 11 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/99