

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90036 044 ***150.00

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1. Entity Name

HANSON INTERNATIONAL, INC.



Principal Place of Business

2900 S STATE ST
STE 5 E
ST JOSEPH, MI 49085 US

Mailing Address

P.O. BOX 8
ST. JOSEPH, MI 49085-0008

40067381



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
38-2702036

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANSON, MERLIN J
100 LAKESHORE DR., T-51
NORTH PALM BEACH, FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME HANSON, MERLIN J
STREET ADDRESS 6130 EIDSON ROAD
CITY-ST-ZIP ST. JOSEPH, MI 49085

TITLE PTD ☐ Delete
NAME BERNSON, J. D
STREET ADDRESS 4290 SUNNYMEADE DRIVE
CITY-ST-ZIP ST. JOSEPH, MI 49085

TITLE SD ☐ Delete
NAME HANSON, GREGORY
STREET ADDRESS 2875 S PIPESTONE RD
CITY-ST-ZIP BENTON HARBOR, MI 49022

TITLE V ☐ Delete
NAME PATZKOWSKY, KEN
STREET ADDRESS 1405 MILLER DR
CITY-ST-ZIP ST JOSEPH, MI 49085

TITLE V ☐ Delete
NAME CROSSMAN, H T
STREET ADDRESS 3500 HOLLYWOOD RD
CITY-ST-ZIP ST JOSEPH, MI 49085

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

H. Thomas Crossman H. THOMAS CROSSMAN 4-10-08 267-429-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #