

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # F96000006376

1. Entity Name
WALBRIDGE ALDINGER COMPANY



Principal Place of Business
**777 WOODWARD AVE, SUITE 300
DETROIT, MI 48226 US**

Mailing Address
**777 WOODWARD AVE, SUITE 300
DETROIT, MI 48226 US**

DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number
38-1141440

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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**

**U000000894997
04/24/08-80050-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DC
RAKOLTA, JOHN JR
777 WOODWARD AVE, SUITE 300
DETROIT, MI 48226**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**CEO
RAKOLTA, JOHN JR
777 WOODWARD AVE, SUITE 300
DETROIT, MI 48226**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DV
DEANGELIS, VINCE
777 WOODWARD AVE, SUITE 300
DETROIT, MI 48226**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DP
HAUSMANN, RONALD
777 WOODWARD AVE, SUITE 300
DETROIT, MI 48226**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DV
HALLER, RICHARD
777 WOODWARD AVE, SUITE 300
DETROIT, MI 48226**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DV
HALLER, MICHAEL
777 WOODWARD AVE, SUITE 300
DETROIT, MI 48226**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas D. Pyze
Thomas D. Pyze - Secretary

4-11-08

**313-963
- 8000**