

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000002260**

1. Entity Name

MCNAMEE, PORTER & SEELEY, INC.**FILED**
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91578 042 ***158.75

Principal Place of Business

**3131 SOUTH STATE STREET
ANN ARBOR MI 48108**

Mailing Address

**3131 SOUTH STATE STREET
ANN ARBOR MI 48108**

2. Principal Place of Business

3. Mailing Address

670 N. ROSEMEAD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: KELLY McMILLIN

City & State

City & State

PASADENA CA.

Zip

Country

Zip

Country

91107**USA**4. FEI Number **38-2870185**

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VS** ☐ Delete
NAME **ATASI, KHALIL Z**
STREET ADDRESS **29510 KINGS PT COURT**
CITY-ST-ZIP **FARMINGTON HILLS MI 48331**TITLE **V** ☒ Change ☐ Addition
NAME **KHALIL Z ATASI**
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **BENOIT, DENNIS J**
STREET ADDRESS **2731 OAKWOOD DRIVE SE**
CITY-ST-ZIP **GRAND RAPIDS MI 49506**TITLE **V** ☒ Change ☐ Addition
NAME **DENNIS J. BENOT**
STREET ADDRESS
CITY-ST-ZIPTITLE **VT** ☒ Delete
NAME **BURKHARDT, GLENN S**
STREET ADDRESS **8139 ERNST ROAD**
CITY-ST-ZIP **MANCHESTER MI 48158**TITLE **P** ☐ Change ☐ Addition
NAME **THOMAS M. DORAN**
STREET ADDRESS **710 AVIS DRIVE**
CITY-ST-ZIP **ANN ARBOR MI 48108**TITLE **AS** ☐ Delete
NAME **LEMMON, RICHARD A**
STREET ADDRESS **670 N ROSEMEAD**
CITY-ST-ZIP **PASADENA CA 91107**TITLE **V/S** ☒ Change ☐ Addition
NAME **RICHARD A. LEMMON**
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **KANG, S.JOH**
STREET ADDRESS **3148 MILLS COURT**
CITY-ST-ZIP **ANN ARBOR MI 48104-4121**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **KINGSLEY, KENNETH E**
STREET ADDRESS **5730 MARSHALL RD**
CITY-ST-ZIP **DEXTER MI 48130**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 11 or Block 12 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

RICHARD A. LEMMON 5-2-01 626.351-4664 x404

VP/SECRETARY Date

Daytime Phone #

CR2E034 (10/00)