

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90106 002 ***158.75

DOCUMENT # F97000002260

1. Entity Name

MCNAMEE, PORTER & SEELEY, INC.

Principal Place of Business

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

Mailing Address

**670 N ROSEMEAD BLVD
ATTN: KELLY MCMILLIN
PASADENA CA 91107
US**

2. Principal Place of Business

710 AVIS DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ANN ARBOR, MI

City & State

4. FEI Number

38-2870185

Applied For

Not Applicable

Zip

48108

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	V	<input type="checkbox"/> Delete
NAME	ATASI, KHALIL Z	
STREET ADDRESS	29510 KINGS PT COURT	
CITY-ST-ZIP	FARMINGTON HILLS MI 48331	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENOIT, DENNIS J	
STREET ADDRESS	2731 OAKWOOD DRIVE SE	
CITY-ST-ZIP	GRAND RAPIDS MI 49506	
TITLE	P	<input type="checkbox"/> Delete
NAME	DORAN, THOMAS M	
STREET ADDRESS	710 AVIS DRIVE	
CITY-ST-ZIP	ANN ARBOR MI 48108	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LEMMON, RICHARD A	
STREET ADDRESS	670 N ROSEMEAD	
CITY-ST-ZIP	PASADENA CA 91107	
TITLE	V	<input type="checkbox"/> Delete
NAME	KANG, S.JOH	
STREET ADDRESS	3148 MILLS COURT	
CITY-ST-ZIP	ANN ARBOR MI 48104-4121	
TITLE	V	<input type="checkbox"/> Delete
NAME	KINGSLEY, KENNETH E	
STREET ADDRESS	5730 MARSHALL RD	
CITY-ST-ZIP	DEXTER MI 48130	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP/SEC 2/5/02

Date

Daytime Phone #

CR2E034 (9/01)