2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# F97000003983

Entity Name: GRS INSURANCE GROUP, INC.

Current Principal Place of Business:

6932 SCARLETT OAK DRIVE
ELKRIDGE, MD 21075

New Principal Place of Business:

Current Mailing Address:

ATTN: COFO
ONE TOWNE SQUARE SUITE 800
SOUTHFIELD, MI 480763723 US

New Mailing Address:

FEI Number: 38-3331200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GABRIEL ROEDER SMITH & CO
4880 NEWBERRY ROAD
STE. 180
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: SHEPPARD, LISA
Address: 6932 SCARLET OAK DR.
City-St-Zip: ELKRIDGE, MD 21075 US

Title: PTD ( ) Delete
Name: DAVIS, F. KENNETH
Address: ONE TOWNE SQUARE, SUITE 800
City-St-Zip: SOUTHFIELD, MI 480763723 US

Title: S ( ) Delete
Name: WILLIAMS, SHIRL
Address: ONE TOWNE SQUARE, SUITE 800
City-St-Zip: SOUTHFIELD, MI 480763723 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F KENNETH DAVIS PTD 04/29/2004

Electronic Signature of Signing Officer or Director — Date