

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000021

FILED
Jan 04, 2007
Secretary of State

Entity Name: MICHIGAN CLAIM SERVICE, INC.

Current Principal Place of Business:

2120 UNIVERSITY PARK DR.
OKEMOS, MI 48864

New Principal Place of Business:

Current Mailing Address:

2120 UNIVERSITY PARK DR.
OKEMOS, MI 48864

New Mailing Address:

FEI Number: 38-1400206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 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: D () Delete
Name: KNUEPPEL, ART
Address: 4876 MILL RUN
City-St-Zip: JACKSON, MI 49201

Title: D () Delete
Name: MATTHEWS, JAMES R
Address: 2120 UNIVERSITY PARK DR.
City-St-Zip: OKEMOS, MI 48864

Title: ST () Delete
Name: WOOD, MICHAEL A
Address: 2120 UNIVERSITY PARK DR.
City-St-Zip: OKEMOS, MI 48864

Title: PD () Delete
Name: LAROSE, TARA
Address: 2120 UNIVERSITY PARK DR
City-St-Zip: OKEMOS, MI 48864

Title: D () Delete
Name: PAVLIK, KIM
Address: 334 MARGERY COURT
City-St-Zip: VASSAR, MI 487689870

Title: D () Delete
Name: LUND, RICHARD
Address: 2525 VARSITY
City-St-Zip: HOLT, MI 48842

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D,T (X) Change () Addition
Name: MATTHEWS, JAMES R
Address: 27 AVIEMORE DRIVE
City-St-Zip: MASON, MI 48854

Title: D,S (X) Change () Addition
Name: HERSHBERGER, DUANE
Address: 2120 UNIVERSITY PARK DR
City-St-Zip: OKEMOS, MI 48864

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

Title: D (X) Change () Addition
Name: PAVLIK, KIM
Address: 12645 WILKINSON ROAD
City-St-Zip: FREELAND, MI 48623

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 Chapter 119, 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: DUANE HERSHBERGER

S

01/04/2007

Electronic Signature of Signing Officer or Director

Date