

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000021

Entity Name: MICHIGAN CLAIM SERVICE, INC.

FILED
Jan 16, 2009
Secretary of State

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: T () Delete
Name: HARTMAN, SARAH
Address: 2120 UNIVERSITY PARK DR
City-St-Zip: OKEMOS, MI 48864

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

Title: S () Delete
Name: HERSHBERGER, DUANE
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: 12645 WILKINSON ROAD
City-St-Zip: FREELAND, MI 48623

Title: D () Delete
Name: JERNIGAN, FRED
Address: 21210 UNIVERSITY PARK DR
City-St-Zip: OKEMOS, MI 48864

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:

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

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

Title: D (X) Change () Addition
Name: HAASE, LUKE
Address: 927 WEBSTER
City-St-Zip: TRAVERSE CITY, MI 49686

I hereby certify that the information supplied with this filing does not qualify 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: SARAH HARTMAN

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date