2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003844

Entity Name: MRP SERVICE AGREEMENT CORPORATION

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	RIA OFFICENT LD, MI 48034	RE, SUITE 200			
Current Mailing Address:			New Mailing Address:		
300 GALLERIA OFFICENTRE, SUITE 200 MC: 480-300-216 SOUTHFIELD, MI 48034					
FEI Number: 52-2106871 FEI Number Applied For ()		FEI Number Not Appli	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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	<u>.</u>	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E NOLL, WILLIAM I 300 GALLERIA C SOUTHFIELD, MI	FFICENTRE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V ()E BORIS, JOHN P 400 GALLERIA C SOUTHFIELD, M		Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition BORIS, JOHN P 400 GALLERIA OFFICENTRE SOUTHFIELD, MI 48034	
Title: Name: Address: City-St-Zip:	V ()E PFLIEGEL, DEBO 300 GALLERIA C SOUTHFIELD, M	FFICENTRE	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition PFLIEGEL, DEBORAH M 300 GALLERIA OFFICENTRE SOUTHFIELD, MI 48034	
Title: Name: Address: City-St-Zip:	S () E QUEENEVILLE, C 200 RENAISSAN DETROIT, MI 48	CATHY L CE CENTER	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DUNN JR, JOHN	FFICENTRE STE 200	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition DUNN JR, JOHN J 300 GALLERIA OFFICENTRE STE 200 SOUTHFIELD, MI 48034	
Title: Name: Address: City-St-Zip:	DONNAY, ROBE	FFICENTRE STE 200	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: ROBERT L DONNAY AS 04/26/2004