


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90004 023 ***150.00

DOCUMENT # F98000004573 1. Entity Name GP GENESIS CORP.					
Principal Place of Business 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009			Mailing Address 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 38-3449706	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RINES, MILTON 15235 S TAMiami TRAIL FT MEYERS, FL 33908				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZLOTOFF, PAUL M 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joel Schwartz 280 DAINES ST BIRMINGHAM MI 48009		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, ARTHUR A 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROGER Zlotoff 280 DAINES ST BIRMINGHAM MI 48009		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SOBERMAN, CHARLES A 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KOSTER, GLORIA A 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ZUSSMAN, RICHARD A ONE WOODWARD AVE., SUITE 2400 DETROIT, MI 48226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Charles A Soberman</i>		8/4/04		(248) 645-9220	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Charles A Soberman, VP, S