

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90019 023 ***150.00

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1. Entity Name

CMS MARKETING, SERVICES AND TRADING COMPANY



Principal Place of Business

FAIRLANE PLAZA SOUTH
330 TOWN CENTER DRIVE, SUITE 1100
DEARBORN, MI 48126

Mailing Address

FAIRLANE PLAZA SOUTH
330 TOWN CENTER DRIVE, SUITE 1100
DEARBORN, MI 48126

44028228

2. Principal Place of Business

One Energy Plaza

Suite, Apt. #, etc.

EP1-420

City & State

Jackson, MI

Zip

49201-2276

Country

3. Mailing Address

One Energy Plaza

Suite, Apt. #, etc.

EP1-420

City & State

Jackson, MI

Zip

49201-2276

Country

04072004

Chg-P

CR2E034 (10/03)

4. FEI Number

38-3320677

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME JOOS, DAVID W
STREET ADDRESS 330 TOWN CTR DR FAIRLANE PL S STE 1100
CITY-ST-ZIP DEARBORN, MI 48126 ☐ Delete

TITLE PCEO
NAME PALLAS, TAMELA W
STREET ADDRESS 1021 MAIN STREET STE 2600
CITY-ST-ZIP HOUSTON, TX 77002 ☒ Delete

TITLE VC
NAME FLAVIN, ROBERT M
STREET ADDRESS 1021 MAIN STREET STE 2600
CITY-ST-ZIP HOUSTON, TX 77002 ☒ Delete

TITLE VT
NAME MOUNTCASTLE, LAURA L
STREET ADDRESS 330 TOWN CENTER DRIVE, SUITE 1100
CITY-ST-ZIP DEARBORN, MI 48126 ☐ Delete

TITLE V
NAME FOXWORTH, BELINDA M
STREET ADDRESS 330 TOWN CENTER DRIVE, SUITE 1100
CITY-ST-ZIP DEARBORN, MI 48126 ☐ Delete

TITLE V
NAME BLOM, DELBERT L
STREET ADDRESS 1021 MAIN STREET STE 2600
CITY-ST-ZIP HOUSTON, TX 77002 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME JOOS, DAVID W
STREET ADDRESS ONE ENERGY PLAZA, EP12-204
CITY-ST-ZIP JACKSON, MI 49201-2276 ☒ Change ☐ Addition

TITLE VCTC
NAME VOGEL, THEODORE J
STREET ADDRESS ONE ENERGY PLAZA, EP10-201
CITY-ST-ZIP JACKSON, MI 49201-2276 ☐ Change ☒ Addition

TITLE PCEO
NAME ELWARD, THOMAS W
STREET ADDRESS ONE ENERGY PLAZA, EP5-202
CITY-ST-ZIP JACKSON, MI 49201-2276 ☐ Change ☒ Addition

TITLE VT
NAME MOUNICASTLE, LAURA L
STREET ADDRESS ONE ENERGY PLAZA, EP10-401
CITY-ST-ZIP JACKSON, MI 49201-2276 ☒ Change ☐ Addition

TITLE V
NAME FOXWORTH, BELINDA M
STREET ADDRESS ONE ENERGY PLAZA, EP12-244
CITY-ST-ZIP JACKSON, MI 49201-2276 ☒ Change ☐ Addition

TITLE VC
NAME ISLES, CAROL A
STREET ADDRESS ONE ENERGY PLAZA, EP5-205
CITY-ST-ZIP JACKSON, MI 49201-2276 ☐ Change ☒ 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:

Theodore J. Vogel 4/7/04 517-788-8933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #