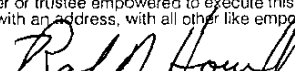


FILED
Jul 25, 2005 8:00 am
Secretary of State

50057590

DOCUMENT # L57055 1. Entity Name APOLLO INFORMATION SERVICES, INC.				07-25-2005 90103 011 ***550.00	
Principal Place of Business 2240 SOUTH AIRPORT RD TRAVERSE CITY, MI 49684		Mailing Address 2240 SOUTH AIRPORT RD TRAVERSE CITY, MI 49684		50057590 	
2. Principal Place of Business 4075 COPPER RIDGE DRIVE Suite, Apt. #, etc.		3. Mailing Address 4075 COPPER RIDGE DRIVE Suite, Apt. #, etc.		07192005 Chg-P CR2E034 (10/03)	
City and State TRAVERSE CITY, MI		City and State TRAVERSE CITY, MI		4. FEI Number 38-2922782 ☐ Applied For ☐ Not Applicable	
Zip 49684		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS JOHNSON, JAMES M. 2240 S AIRPORT RD W TRAVERSE CITY, MI 49684 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP DS JOHNSON, JAMES M. 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WILLIAMS, ROBERT M. 2240 S. AIRPORT RD. TRAVERSE CITY, MI ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP D WILLIAMS, ROBERT M. 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP P HOWELL, RANDY N 2240 S AIRPORT RD W TRAVERSE CITY, MI 49684 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP P HOWELL, RANDY N. 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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: 		RANDY N. HOWELL		JULY 19, 2005 (231)946-8970	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	