


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000003320
 1. Entity Name
WORKSTAGE, LLC



Principal Place of Business Mailing Address
4700 60TH ST. SE **4700 60TH ST. SE**
GRAND RAPIDS, MI 49512 **GRAND RAPIDS, MI 49512**



03312004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
22-3731931 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


Filing Fee is \$50.00
Due by May 1, 2004

1100000160064
 05/13/04-80005-021 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COTTRELL, JOHN C 1801 FLOWERS MILL RD GRAND RAPIDS, MI 49525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RIDDLE, KENT R 5342 WATERWOOD DR LOWELL, MI 49331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WIELKOPOLSKI, KATHLEEN 200 CAMPUS DR STE 200 FLORHAM PARK, NJ 07932
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **CFO** **3-31-2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #