

**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  
**4700 60TH ST. SE  
GRAND RAPIDS, MI 49512**

Mailing Address  
**4700 60TH ST. SE  
GRAND RAPIDS, MI 49512**



03312004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3731931**

Applied For  
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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*CFO*

*3-31-2004*