

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90013 005 ****55.00

DOCUMENT # M02000003320

1. Entity Name

WORKSTAGE, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4700 60TH STREET SE Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.		4. FEI Number 22-3731931		Applied For Not Applicable
City & State GRAND RAPIDS, MI		City & State SAME		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
Zip 49512	Country USA	Zip SAME	Country SAME			

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable)	
1200 SOUTH PINE ISLAND ROAD	
City PLANTATION	FL Zip Code 33324

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN C. COTTRELL 1801 FLOWERS MILL ROAD GRAND RAPIDS, MI 49525	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENT R. RIDDLE 5342 WATERWOOD DR. LOWELL, MI 49331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATHLEEN WIELKOPOLSKI 200 CAMPUS DR, STE 200 FLORHAM PARK, NJ 07932	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Handwritten Signature]

5-01-03 (616)698-1495