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		3. Mailing Address	
4700 60TH STREET SE		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
GRAND RAPIDS, MI		SAME	
Zip	Country	Zip	Country
49512	USA	SAME	SAME

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

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	JOHN C. COTTRELL	NAME	
STREET ADDRESS	1801 FLOWERS MILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS, MI 49525	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	KENT R. RIDDLE	NAME	
STREET ADDRESS	5342 WATERWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	LOWELL, MI 49331	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	KATHLEEN WIELKOPOLSKI	NAME	
STREET ADDRESS	200 CAMPUS DR., STE 200	STREET ADDRESS	
CITY-ST-ZIP	FLORHAM PARK, NJ 07932	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ 5-01-03 (616)698-1485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #