2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# M04000003756

Entity Name: ATWELL-HICKS, LLC

Current Principal Place of Business:

500 AVIS DRIVE SUITE 100
ANN ARBOR, MI 48108

New Principal Place of Business:

Current Mailing Address:

500 AVIS DRIVE SUITE 100
ANN ARBOR, MI 48108

New Mailing Address:

FEI Number: 38-1343270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MACOMBER, ROBERT G
Address: 500 AVIS DRIVE SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: MGR ( ) Delete
Name: SKOCHELAK, JAMES D
Address: 500 AVIS DRIVE SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: MGR ( ) Delete
Name: WENZEL, BRIAN R
Address: 500 AVIS DRIVE SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: MGR ( ) Delete
Name: SILLS, STEVEN
Address: 500 AVIS DRIVE SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: MGR ( ) Delete
Name: MCNULTY, DANIEL E
Address: 500 AVIS DRIVE, SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: MGR ( ) Delete
Name: HENDERSON, WILLIAM C
Address: 500 AVIS DRIVE, SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KOHLER, JEFFREY
Address: 500 AVIS DRIVE SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN WENZEL MGR 02/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date