

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000002562

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** HUFFMASTER CRISIS RESPONSE, LLC

**Current Principal Place of Business:**

1300 COMBERMERE DRIVE  
TROY, MI 48083

**New Principal Place of Business:**

**Current Mailing Address:**

1300 COMBERMERE DRIVE  
TROY, MI 48083

**New Mailing Address:**

**FEI Number:** 38-3312074

**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:** MGRM  
**Name:** HUFFMASTER, RAYMOND E  
**Address:** 1300 COMBERMERE DRIVE  
**City-St-Zip:** TROY, MI 48083

**Title:** MGRM  
**Name:** JOHNSON, GREGORY M  
**Address:** 1300 COMBERMERE DRIVE  
**City-St-Zip:** TROY, MI 48083

**Title:** MGRM  
**Name:** JOHNSON, PETER J  
**Address:** 1300 COMBERMERE DRIVE  
**City-St-Zip:** TROY, MI 48083

I hereby 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:** STEPHANIE-LYNN HUFFMASTER

MGR

03/08/2012

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