2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P05735

1. Entity Name
FOREMOST EXPRESS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
5600 BEECH TREE LANE GRAND RAPIDS, MI 49501 US	5600 BEECH TREE LANE P.O. BOX 2450 GRAND RAPIDS, MI 49501

DO NOT WRITE IN THIS SPACE

05082008 No Chg-P CR2E034 (11/05)

4. FEI Number
38-2505922
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000952746
06/04/08-80093-013 550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOUDSTRA, F. ROBERT
STREET ADDRESS	5600 BEECH TREE LANE
CITY-ST-ZIP	CALEDONIA, MI 49316
TITLE	VD
NAME	HANNIGAN, JOHN J
STREET ADDRESS	5600 BEECH TREE LANE
CITY-ST-ZIP	CALEDONIA, MI 49316
TITLE	V
NAME	SANDERS, KURT A
STREET ADDRESS	5600 BEECH TREE LANE
CITY-ST-ZIP	CALEDONIA, MI 49316
TITLE	VD
NAME	TREUL, NANCY H
STREET ADDRESS	5600 BEECH TREE LANE
CITY-ST-ZIP	CALEDONIA, MI 49316
TITLE	V
NAME	BATEMAN, JOANN
STREET ADDRESS	5600 BEECH TREE LANE
CITY-ST-ZIP	CALEDONIA, MI 49316
TITLE	V
NAME	BRIZZOLARA, A JOSEPH
STREET ADDRESS	5600 BEECH TREE LANE
CITY-ST-ZIP	CALEDONIA, MI 49316

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ Jeffrey L Pepper 05-08-08 (616) 956-3750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #