2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State

| 1. Entity Nam | MENT # P14684 MILLER, INC. | | | 04-14-20 | 05 90090 02 | 28 ***15 | 0.00 | | |
|---|---|----------------------------------|--------------------------------|--|-----------------------|--|--------------------------------|--------------|--|
| Principal Place | e of Business | Mailing Address | | | 40000 | 1610 | | | |
| 855 E. MAIN AVE. 855 E. MAIN AVE. | | | | | | | | | |
| ATTN: CORP. TAX DEPT. 0110 ATTN: CORP. TAX DEPT. 0 | | | 0110 | | • | | | | |
| ZEELAND, MI 49464-0302 US ZEELAND, MI 49464-030 | | | 02 US | | | | BITH GIBN BIS | 1862 17 1882 | |
| | | | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | LI HEN END BUIDT IBNI | 0.61 6(1)) | | BB | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 03242005 Chg-P CR2E034 (10/03) | | | | | | |
| | | | | 03242005 | Chg-P | Chzcus | 4 (10/03) | | |
| City & State | | City & State | City & State | | er | | → | plied For | |
| | | 7'- | <u> </u> | 38-083 | 37640 | - , - • | | t Applicable | |
| Zip | Country | Zip | Country | 5. Certificate | e of Status Desire | | 8.75 Add ee Required | | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and | d Address of Nev | | | · | |
| | | Name | | | | | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | 0,,000 | | | | | | |
| | O(1,12 00024 | | | | | | | | |
| | | | City | FL Zip Code | | | | | |
| | named entity submits this statement for | | | | ath in the State of | | milior with | and necessi | |
| | named entity submits this statement to ions of registered agent. | r the purpose of changing its re | egistered oxiice or | registered agent, or be | out, in the State of | i Fiorida. Tamia | muar wier, | anu accept | |
| | | | | | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered Agent signatu | re required when reinstating) | | DATE | | | |
| | , | <u> </u> | | | | | | | |
| FIL | E NOW!!! FEE IS \$150.00 | 9. Election Campaig | | \$5.00 May Be | | | | | |
| After M | ay 1, 2005 Fee will be \$550. | OO Trust Fund Contrit | oution. | Added to Fees | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS | CHANGES TO | OFFICERS AND I | DIRECTOR | S IN 11 | |
| TITLE | SVPS | ☐ Delete | TITLE | | | | Change | Addition | |
| NAME | CHRISTENSON, JAMES E. | | NAME | | | | | | |
| STREET ADDRESS | 915 SAN JOSE DR. | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | GRAND RAPIDS, MI 49506 | | CITY-ST-ZIP | | | | | | |
| TITLE | EVSD | 🔀 Delete | TITLE NAME | | | | Change | Addition | |
| NAME STREET ADDRESS | KNIBBE, DAVID M 957 CHELSEA | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | HOLLAND, MI 49423 | | CITY-ST-ZIP | | | | | | |
| TITLE | D | ☐ Delete | TITLE | - | , | | ☐ Change | Addition | |
| NAME . | CROCKETT, E. DAVID | | NAME | | | | _ • | _ | |
| STREET ADDRESS | 10898 MORA DRIVE | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | LOS ALTOS HILLS, CA 940246 | 538 | CITY-ST-ZIP | • | | | | | |
| TITLE | SB | Delete | TITLE | D | | | Change | Addition | |
| NAME | GRIFFITHS, BRIAN | | NAME STREET ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 19 CHESTER SQUARE LONDON SW1W 9HS ENGLAND | n | CITY-ST-ZIP | | | | | | |
| TITLE | PCOO | □ Delete | TITLE | PCEO | | | Change | ☐ Addition | |
| NAME | WALKER, BRIAN C | Delete | NAME | 1 080 | | • | E Change | Addition | |
| STREET ADDRESS | 122 BAY MEADOWS DRIVE | | STREET ADDRESS | | • | | | | |
| CITY-ST-ZIP | HOLLAND, MI 49424 | | CITY-ST-ZIP | | | | | | |
| TITLE | PCEO | ☐ Delete | ,TITLE | <u>د</u> ۔ . | B 10 . 1 | 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Change * | Addition | |
| NAME - | VOLKEMA, MICHAEL A | | NAME ** | | 1. | the war beautiful author | هڙ جا مدرونون په | | |
| STREET ADDRESS | 283 WHISPERING WAY | | STREET ADDRESS | • • | | a 5 | ٠. | · - • | |
| CITY-ST-ZIP | HOLLAND, MI 49424 | | CITY-ST-ZIP | | • | | | | |

12. 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 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 allachment with an address, with all other like empowered.

SIGNATURE:

ATUBE AND TYPED OR PRINTED NAME OF SENING OFFICER OR DIRECTOR

3/31/05 616 654 5222