

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28625

FILED
Apr 13, 2009
Secretary of State

Entity Name: STEELCASE ARCHITECTURAL WALLS INC.

Current Principal Place of Business:

901 44TH ST SE
GRAND RAPIDS, MI 49508

New Principal Place of Business:

Current Mailing Address:

901 44TH STREET
TAX DEPT GH-3E-20
GRAND RAPIDS, MI 49508

New Mailing Address:

FEI Number: 31-1273294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: GMGR () Delete
Name: WILLIAMS, KYLE
Address: 901 44TH ST SE
City-St-Zip: GRAND RAPIDS, MI 49508

Title: T () Delete
Name: MALBURG, GARY P
Address: 901 44TH ST SE
City-St-Zip: GRAND RAPIDS, MI 49508

Title: CFO () Delete
Name: MURPHY, KEVIN
Address: 901 44TH ST SE
City-St-Zip: GRAND RAPIDS, MI 49508

Title: D () Delete
Name: WILLIAMS, KYLE
Address: 901 44TH STREET SE
City-St-Zip: GRAND RAPIDS, MI 49508

Title: D () Delete
Name: SYLVESTER, DAVID C
Address: 901 44TH STREET SE
City-St-Zip: GRAND RAPIDS, MI 49508

Title: S () Delete
Name: BRONDYK, DANIEL J
Address: 901 44TH STREET SE
City-St-Zip: GRAND RAPIDS, MI 49508

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLE WILLIAMS

D

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date