

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P29198

1. Entity Name
CRAIN ASSOCIATED ENTERPRISES, INC.



Principal Place of Business

**360 N MICHIGAN AVE -
CHICAGO, IL 60601 US**

Mailing Address

**1155 GRATIOT AVE
DETROIT, MI 48207-2913 US**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2637009

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
CRAIN, MERRILEE P
360 N. MICHIGAN AVE.
CHICAGO, IL 606013806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MORROW, WILLIAM A.
1155 GRATIOT AVE
DETROIT, MI 482072997**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CRAIN, KEITH E.
1155 GRATIOT AVE
DETROIT, MI 482072997**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CRAIN, RANCE E.
360 N. MICHIGAN AVE
CHICAGO, IL 606013806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
CRAIN, MARY KAY
1155 GRATIOT AVE
DETROIT, MI 482072997**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000738235
01/18/08-80033-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 signed, or on an attachment with an address, with all other like empowered persons.

SIGNATURE: *William A. Morrow* **William A. Morrow**
Executive VP/Operations

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/15/08