

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2000 8:00 am**
Secretary of State

04-24-2000 90151 029 ***150.00

DOCUMENT # P34777

1. Entity Name

ROGER KRAMER & ASSOCIATES, LTD., INC.

Principal Place of Business

Mailing Address

**E. SOUTH BOULEVARD, SUITE 100
MI 48098****990 E. SOUTH BOULEVARD, SUITE 100
TROY MI 48098-1400**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2391635

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARNELL, MARY
5551 RIDGE WOOD DRIVE
SUITE 201
NAPLES FL 33963**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	KRAMER, ROGER	
STREET ADDRESS	4979 BROOKSIDE LANE	
CITY-ST-ZIP	WASHINGTON MI	
TITLE	VCV	<input type="checkbox"/> Delete
NAME	BLISS, KIRK	
STREET ADDRESS	11438 CELTIC MANOR	
CITY-ST-ZIP	WARREN MI	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MCGREGOR, CATHY	
STREET ADDRESS	53067 AULGUR	
CITY-ST-ZIP	SHELBY MI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROGER KRAMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14-00 878-9700

Daytime Phone #

01/14/99