

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90006 041 ***158.75

DOCUMENT # P35877

1. Entity Name
LIMNO-TECH, INC.



Principal Place of Business

**501 AVIS DRIVE
ANN ARBOR, MI 48108 US**

Mailing Address

**501 AVIS DRIVE
ANN ARBOR, MI 48108 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06022006

Chg-P

CR2E034 (11/05)

4. FEI Number

38-2084136

Applied For

Not Applicable

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

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE, FL 32301**

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. 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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FREEDMAN, PAUL L	
STREET ADDRESS	501 AVIS DRIVE	
CITY-ST-ZIP	ANN ARBOR, MI 48108	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DILKS, DAVID W	
STREET ADDRESS	501 AVIS DRIVE	
CITY-ST-ZIP	ANN ARBOR, MI 48108	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARR, JOHN K	
STREET ADDRESS	501 AVIS DRIVE	
CITY-ST-ZIP	ANN ARBOR, MI 48108	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETERSON, GREGORY M	
STREET ADDRESS	501 AVIS DRIVE	
CITY-ST-ZIP	ANN ARBOR, MI 48108	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MERICAS, DEAN	
STREET ADDRESS	501 AVIS DRIVE	
CITY-ST-ZIP	ANN ARBOR, MI 48108	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SULLIVAN, MIKE	
STREET ADDRESS	501 AVIS DRIVE	
CITY-ST-ZIP	ANN ARBOR, MI 48108	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Debra Carpenter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #