

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000042756

Entity Name: SLAVIK REMOTE ENTITY, INC.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

914 HARTFORD TURNPIKE
WATERFORD, CT 06385

New Principal Place of Business:

Current Mailing Address:

32500 TELEGRAPH ROAD
STE. 222
BINGHAM FARMS, MI 48025 US

New Mailing Address:

FEI Number: 38-3293946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOMISCO INCORPORATION, INC.
222 LAKEVIEW AVE.
SUITE 800
WEST PALM BEACH, FL 334016112 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: D () Delete
Name: WOLMAN, MARK
Address: PO BOX 535 N/A
City-St-Zip: WATERFORD, CT 06385

Title: D () Delete
Name: SLAVIK, STEPHAN F
Address: 32500 TELEGRAPH RD. STE. 222
City-St-Zip: FRANKLIN, MI 48025

Title: EVP () Delete
Name: LAURA, DEL J.
Address: 32500 TELEGRAPH RD. STE. 222
City-St-Zip: FRANKLIN, MI 48025

Title: D (X) Delete
Name: SLAVIK, EDNA P
Address: 32500 TELEGRAPH RD. STE. 222
City-St-Zip: FRANKLIN, MI 48025

Title: P (X) Delete
Name: SLAVIK, RICHARD
Address: 32500 TELEGRAPH RD. STE. 222
City-St-Zip: FRANKLIN, MI 48025

Title: ST () Delete
Name: WOLMAN, LEN
Address: 914 HARTFORD TURNPIKE
City-St-Zip: WATERFORD, CT 06385

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: SLAVIK, STEPHAN F
Address: 32500 TELEGRAPH RD. STE. 222
City-St-Zip: FRANKLIN, MI 48025

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

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

Title: () Change () Addition
Name:
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: STEPHAN SLAVIK

P

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date