

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104440

FILED
Apr 01, 2008
Secretary of State

Entity Name: OFFICE PAVILION SOUTH FLORIDA, INC.

Current Principal Place of Business:

3521 ENTARPRISE WAY
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

C/O HERMAN MILLER, INC
855 E MAIN AVENUE MS0110
ZEELAND, MI 49464 US

New Mailing Address:

FEI Number: 65-0799515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 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: P () Delete
Name: GREENWALD, JOHN
Address: 2016 SELVA MADERA CT.
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: DS () Delete
Name: CHRISTENSON, JAMES E
Address: 915 SAN JOSE DRIVE
City-St-Zip: EAST GRAND RAPIDS, MI 49506 US

Title: T () Delete
Name: DAHL, DENISE
Address: 4056 QUAIL RUN DR.
City-St-Zip: HUDSONVILLE, MI 49426 US

Title: AT () Delete
Name: LOAN, MATTHEW S
Address: 7365 FELCH ST
City-St-Zip: ZEELAND, MI 49464 US

Title: D () Delete
Name: KING, DANIEL
Address: 208 WOODLARK COURT
City-St-Zip: HOLLAND, MI 49424 US

Title: VP () Delete
Name: OSTERLING, ANN
Address: 3521 ENTARPRISE WAY
City-St-Zip: MIRAMAR, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: HOLMES, ANITA
Address: 6640 VAN BUREN
City-St-Zip: HUDSONVILLE, MI 49426 US

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

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

Title: D (X) Change () Addition
Name: ILES, PAUL
Address: 1863 GOLDENEYE DRIVE
City-St-Zip: HOLLAND, MI 49424 US

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: MATTHEW S LOAN

AT

04/01/2008

Electronic Signature of Signing Officer or Director

Date