2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003418

Entity Name: MARKET STRATEGIES, INC.

Current Principal Place of Business:

17430 COLLEGE PARKWAY LIVONIA. MI 48152

Current Mailing Address:

17430 COLLEGE PARKWAY LIVONIA, MI 48152

FEI Number: 38-2882316 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail:

Title TREASURER, SECRETARY Title CHAIRMAN, CEO

Name GIROUX, PHILIP Name MORRISON, ANDREW

Address 17430 COLLEGE PARKWAY Address 17430 COLLEGE PARKWAY

City-State-Zip: LIVONIA MI 48152 City-State-Zip: LIVONIA MI 48152

Title DIRECTOR Title DIRECTOR

Name HICKMAN, TRENT Name BROWN, JANICE

Address 33 FLOOR PARK AVE PLAZA Address 17430 COLLEGE PARKWAY

55 EAST 52ND STREET City-State-Zip: LIVONIA MI 48152

City-State-Zip: NEW YORK NY 10055

Title PRESIDENT

Title DIRECTOR

Name STEVENSON, JEFFREY

Name SAUTER, MELISSA

Address 33 FLOOR PARK AVE PLAZA Address 17430 COLLEGE PARKWAY

33 FLOOR PARK AVE PLAZA
55 EAST 52ND STREET City-State-Zip: LIVONIA MI 48152

City-State-Zip: NEW YORK NY 10055

Title COO

Name MUNDORF, TODD

Address 17430 COLLEGE PARKWAY

City-State-Zip: LIVONIA MI 48152

I hereby 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 all other like empowered.

SIGNATURE: PHILIP GIROUX SECRETARY 04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 19, 2018

Secretary of State

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