

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003418

**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC3130798635**

**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 CEO, SECRETARY  
Name STONE, ROBERT  
Address 834 INMAN VILLAGE PARKWAY  
SUITE 200  
City-State-Zip: ATLANTA GA 30307

Title TREASURER  
Name GIROUX, PHILIP  
Address 17430 COLLEGE PARKWAY  
City-State-Zip: LIVONIA MI 48152

Title PRESIDENT, COO  
Name WILKERSON, GEORGE  
Address 900 S. SHACKLEFORD ROAD  
SUITE 610  
City-State-Zip: LITTLE ROCK AR 72211

Title CHAIRMAN  
Name MORRISON, ANDREW  
Address 17430 COLLEGE PARKWAY  
City-State-Zip: LIVONIA MI 48152

Title DIRECTOR  
Name HICKMAN, TRENT  
Address 55 EAST 52ND STREET  
PARK AVENUE PLAZA 33RD FLOOR  
City-State-Zip: NEW YORK NY 10055

Title DIRECTOR  
Name BROWN, JANICE  
Address 17430 COLLEGE PARKWAY  
City-State-Zip: LIVONIA MI 48152

Title DIRECTOR  
Name RUSSELL, CHRIS  
Address 55 EAST 52ND STREET  
PARK AVENUE PLAZA 33RD FLOOR  
City-State-Zip: NEW YORK NY 10055

Title DIRECTOR  
Name STEVENSON, JEFFREY  
Address 55 EAST 52ND STREET  
PARK AVENUE PLAZA 33RD FLOOR  
City-State-Zip: NEW YORK NY 10055

*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: ROBERT STONE**

**SECRETARY**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date