

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000000605

Entity Name: MRPR, CO.

**Current Principal Place of Business:**

28411 NORTHWESTERN HWY., SUITE 800  
SOUTHFIELD, MI 48034

**Current Mailing Address:**

28411 NORTHWESTERN HWY., SUITE 800  
SOUTHFIELD, MI 48034 US

FEI Number: 38-2141969

Certificate of Status Desired: Yes

**Name and Address of Current Registered Agent:**

JOHNSTON, DEBORAH  
411 WALNUT ST., #14040  
GREEN COVE SPRINGS, FL 32043-3443 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 P  
Name MASTROIONNI, ANGELA  
Address 3208 HELNA  
City-State-Zip: TROY MI 48083

Title S  
Name THOMAS, DENISE  
Address 6138 STONEWOOD  
City-State-Zip: CLARKSTON MI 48346

Title D  
Name ZINK, GREGORY J  
Address 8638 GOLF LANE DRIVE  
City-State-Zip: COMMERCE TWP MI 48382

Title TREASURER  
Name SICKLER, ROBERT W  
Address 6635 GRASSLAND  
City-State-Zip: WEST BLOOMFIELD MI 48324

Title D  
Name EVERSON, STEVEN E  
Address 1315 NORTH BAY  
City-State-Zip: ANN ARBOR MI 48103

Title DIRECTOR  
Name DOEHRER, ROBERT  
Address 3717 VORHIES  
City-State-Zip: ANN ARBOR MI 48105

Title DIRECTOR  
Name RITTINGER, WILLIAM  
Address 309 CAMBRIDGE DR  
City-State-Zip: DEXTER MI 48130

*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 W. SICKLER

PRINCIPAL

07/20/2020

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

\_\_\_\_\_  
Date