

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002746

Entity Name: SUN QRS POOL 4, INC.

FILED
Mar 10, 2011
Secretary of State

Current Principal Place of Business:

27777 FRANKLIN ROAD, SUITE 200
SOUTHFIELD, MI 46034

New Principal Place of Business:

Current Mailing Address:

27777 FRANKLIN ROAD, SUITE 200
SOUTHFIELD, MI 46034

New Mailing Address:

FEI Number: 20-1142548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: SHIFFMAN, GARY A
Address: 27777 FRANKLIN ROAD, SUITE 200
City-St-Zip: SOUTHFIELD, MI 46034

Title: CFO
Name: DEARING, KAREN J
Address: 27777 FRANKLIN ROAD, SUITE 200
City-St-Zip: SOUTHFIELD, MI 46034

Title: COO
Name: MCLAREN, JOHN B
Address: 27777 FRANKLIN ROAD, SUITE 200
City-St-Zip: SOUTHFIELD, MI 46034

Title: EVP
Name: COLMAN, JONATHAN
Address: 27777 FRANKLIN ROAD, SUITE 200
City-St-Zip: SOUTHFIELD, MI 46034

Title: D
Name: LEWIS, CLUNET R
Address: 27777 FRANKLIN ROAD, SUITE 200
City-St-Zip: SOUTHFIELD, MI 46034

Title: D
Name: WEISS, ARTHUR A
Address: 27777 FRANKLIN ROAD, SUITE 200
City-St-Zip: SOUTHFIELD, MI 46034

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: KAREN J DEARING

CFO

03/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date