

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004801

Entity Name: MIDWEST APPRAISAL MANAGEMENT GROUP, INC.

Current Principal Place of Business:

5136 LOVERS LANE, SUITE 102
PORTAGE, MI 49002

Current Mailing Address:

5136 LOVERS LANE, SUITE 102
PORTAGE, MI 49002 US

FEI Number: 27-4225011

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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 SECRETARY / TREASURER
Name GRIFFITH, CAROL
Address 502 W GRAND RIVER AVE
City-State-Zip: BRIGHTON MI 48116

Title D
Name JONES, MARK M
Address 2731 JESSICA DR.K DR, STE C
City-State-Zip: PORTAGE MI 49024

Title D
Name MEYER, JOHN
Address 5211 CASCADE RD SE
City-State-Zip: GRAND RAPIDS MI 49546

Title D
Name ZUPKO, RONALD
Address 6870 GRAND RIVER
City-State-Zip: BRIGHTON MI 48114

Title PRESIDENT
Name FOLEY, BETH M
Address 691 OTTAWA BEACH RD
City-State-Zip: HOLLAND MI 49424-2507

Title DIRECTOR
Name COPEMAN, JASON W
Address 1103 PINE ST
City-State-Zip: MARQUETTE MI 48955-2924

Title DIRECTOR
Name KIRKSEY, BRIAN S
Address 425 SUNLIGHT DR
City-State-Zip: ROCHESTER HILLS MI 48309-1383

Title DIRECTOR
Name SEAVER, PHILIP R
Address 42651 WOODWARD
City-State-Zip: BLOOMFIELD HILLS MI 48304-5039

Continues on page 2

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: BETH M FOLEY

PRESIDENT

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SZPEINSKI, EUGENE J
Address 333 BRIDGE ST NW STE 725
City-State-Zip: GRAND RAPIDS MI 49504-5385