

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004801

Entity Name: MIDWEST APPRAISAL MANAGEMENT GROUP, INC.

FILED
May 01, 2016
Secretary of State
CC5684125142

Current Principal Place of Business:

6749 SOUTH WESTNEDGE
PMB 145
PORTAGE, MI 49002

Current Mailing Address:

6749 SOUTH WESTNEDGE
PMB 145
PORTAGE, MI 49002 US

FEI Number: 27-4225011

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 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 DIRECTOR
Name COPEMAN, JASON W
Address 1103 PINE ST
City-State-Zip: MARQUETTE MI 48955-2924

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

Title DIRECTOR
Name MATUREN, DAVID
Address 5136 LOVERS LANE, SUITE 102
City-State-Zip: PORTAGE MI 49002

Title DIRECTOR
Name EDGINTON, THEODORE
Address 5136 LOVERS LANE, SUITE 102
City-State-Zip: PORTAGE MI 49002

Title DIRECTOR
Name MATUREN, DAVID
Address 5136 LOVERS LANE, SUITE 102
City-State-Zip: PORTAGE MI 49002

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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: ROB CAMPAU

PRESIDENT

05/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name CAMPAU, ROB
Address 5136 LOVERS LANE
 STE 102
City-State-Zip: PORTAGE MI 49002

Title DIRECTOR
Name HARTMAN, BRIAN
Address 6749 SOUTH WESTNEDGE
 PMB 145
City-State-Zip: PORTAGE MI 49002