

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000003128

1. Entity Name
BCN SERVICES GREAT LAKES, INC.



Principal Place of Business
3650 WEST LIBERTY ROAD
ANN ARBOR, MI 48103

Mailing Address
3650 WEST LIBERTY ROAD
ANN ARBOR, MI 48103



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3440936

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

000000874777
04/11/08-80006-006 150.00

10. OFFICERS AND DIRECTORS

TITLE
C
NAME
HOULE, GARY F
STREET ADDRESS
3650 WEST LIBERTY ROAD
CITY-ST-ZIP
ANN ARBOR, MI 48103

TITLE
P
NAME
HANS, ANDREW C
STREET ADDRESS
3650 WEST LIBERTY ROAD
CITY-ST-ZIP
ANN ARBOR, MI 48103

TITLE
ST
NAME
STRIPP, GARRETT R
STREET ADDRESS
3650 WEST LIBERTY ROAD
CITY-ST-ZIP
ANN ARBOR, MI 48103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SECY-TRANSARR

3-18-2008 734-994-4100