

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212528633

1.) CORPORATION NAME:

AMPF Property Corporation

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1114711**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 60,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 719 Griswold
Suite 1700

CITY/ST/ZIP: Detroit , MI 48226

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|----------------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | CHARLES N. MAGLAQUE | | |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 719 Griswold Suite 1700 | | |
| CITY/ST/ZIP/CO: | DETROIT, MI 48226 | | |

| | | | |
|-----------------|----------------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | THOMAS RICHARD MOORE | | |
| TITLE: | SECRETARY | | |
| ADDRESS: | 719 Griswold Suite 1700 | | |
| CITY/ST/ZIP/CO: | DETROIT, MI 48226 | | |

| | | | |
|-----------------|----------------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | DAVID C ANDREW | | |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 719 Griswold Suite 1700 | | |
| CITY/ST/ZIP/CO: | DETROIT, MI 48226 | | |

| | | | |
|-----------------|----------------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | DAVID E GESCHKE | | |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 719 Griswold Suite 1700 | | |
| CITY/ST/ZIP/CO: | DETROIT, MI 48226 | | |

| | | | |
|-----------------|----------------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | DAN M MCASKIN | | |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 719 Griswold Suite 1700 | | |
| CITY/ST/ZIP/CO: | DETROIT, MI 48226 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|---|--------------------------|
| <u>/s/ THOMAS RICHARD MOORE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>THOMAS RICHARD MOORE, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE | <u>7/27/2012</u> DATE |
|---|---|--------------------------|

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.