

1.) CORPORATION NAME:

PAWS WITH A CAUSE

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1133216**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4646 S DIVISION

CITY/ST/ZIP: WAYLAND, MI 49348

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.

NAME: LIBBY CHILD TITLE: CHAIRMAN ADDRESS: 4646 SOUTH DIVISION CITY/ST/ZIP/CO: WAYLAND, MI 49348	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID CHRISTENSEN TITLE: SECRETARY ADDRESS: 4646 SOUTH DIVISION CITY/ST/ZIP/CO: WAYLAND, MI 49348	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSE HERNANDEZ TITLE: DIRECTOR ADDRESS: 4646 SOUTH DIVISION CITY/ST/ZIP/CO: WAYLAND, MI 49348	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DOUGLAS J DOK, JR., ESQ. TITLE: TREASURER ADDRESS: 4646 SOUTH DIVISION CITY/ST/ZIP/CO: WAYLAND, MI 49348	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK HUNTING TITLE: VICE CHAIRMAN ADDRESS: 4646 SOUTH DIVISION CITY/ST/ZIP/CO: WAYLAND, MI 49348	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL D SAPP, SR TITLE: CEO ADDRESS: 4646 SOUTH DIVISION CITY/ST/ZIP/CO: WAYLAND, MI 49348	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: CHARLES ARCHIE TITLE: DIRECTOR ADDRESS: 4646 SOUTH DIVISON CITY/ST/ZIP/CO: WAYLAND, MI 49348	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CAROL DANHOF TITLE: DIRECTOR ADDRESS: 4646 SOUTH DIVISION CITY/ST/ZIP/CO: WAYLAND, MI 49348	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES HESSEMAN TITLE: DIRECTOR ADDRESS: 4646 SOUTH DIVISION CITY/ST/ZIP/CO: WAYLAND, MI 49348	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANK JEFFREYS TITLE: DIRECTOR ADDRESS: 4646 SOUTH DIVISION CITY/ST/ZIP/CO: WAYLAND, MI 49348	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUDYE REED TITLE: DIRECTOR ADDRESS: 4646 SOUTH DIVISION CITY/ST/ZIP/CO: WAYLAND, MI 49348	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL SLACK TITLE: DIRECTOR ADDRESS: 4646 SOUTH DIVISION CITY/ST/ZIP/CO: WAYLAND, MI 49348	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JIM NICHOLS TITLE: DIRECTOR ADDRESS: 4646 SOUTH DIVISION CITY/ST/ZIP/CO: WAYLAND, MI 49348	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FAYE RICHARDSON GREEN TITLE: DIRECTOR ADDRESS: 4646 SOUTH DIVISION CITY/ST/ZIP/CO: WAYLAND, MI 49348	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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.

/s/ MICHAEL D SAPP, SR	MICHAEL D SAPP, SR, CEO	1/21/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.