

1.) CORPORATION NAME:

ERVIN LEASING COMPANY

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1169632**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3893 RESEARCH PARK DRIVE

CITY/ST/ZIP: ANN ARBOR, MI 48108

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.

<p>NAME: D BRUCE GAFFNEY TITLE: PRESIDENT ADDRESS: 3893 RESEARCH PARK DRIVE CITY/ST/ZIP/CO: ANN ARBOR, MI 48108</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS J. CONZELMANN TITLE: SEC/TREAS ADDRESS: 3893 RESEARCH PARK DRIVE CITY/ST/ZIP/CO: ANN ARBOR, MI 48108</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM A AVOLI TITLE: DIRECTOR ADDRESS: 3893 RESEARCH PARK DR CITY/ST/ZIP/CO: ANN ARBOR, MI 48108</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID J. BROPHY TITLE: DIRECTOR ADDRESS: 3893 RESEARCH PARK DRIVE CITY/ST/ZIP/CO: ANN ARBOR, MI 48108</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: HENRY A. FOX TITLE: DIRECTOR ADDRESS: 3893 RESEARCH PARK DRIVE CITY/ST/ZIP/CO: ANN ARBOR, MI 48108</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN E. PEARSON TITLE: DIRECTOR ADDRESS: 3893 RESEARCH PARK DR. CITY/ST/ZIP/CO: ANN ARBOR, MI 48108</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JAMES T. PEARSON TITLE: DIRECTOR ADDRESS: 3893 RESEARCH PARK DRIVE CITY/ST/ZIP/CO: ANN ARBOR, MI 48108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LYNN H ROGERS TITLE: DIRECTOR ADDRESS: 3893 RESEARCH PARK DRIVE CITY/ST/ZIP/CO: ANN ARBOR, MI 48108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael A Thomas TITLE: DIRECTOR ADDRESS: 3893 Research Park Drive CITY/ST/ZIP/CO: Ann Arbor, MI 48108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sandra L West TITLE: DIRECTOR ADDRESS: 3893 Research Park Drive CITY/ST/ZIP/CO: Ann Arbor, MI 48108	<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/ THOMAS J. CONZELMANN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS J. CONZELMANN, SEC/TREAS PRINTED NAME AND CORPORATE TITLE	3/29/2012 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.		