

1.) CORPORATION NAME:

Harley Ellis Devereaux Corporation

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1308024**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	300,000
COMBNV	100,000
COMCNV	10,000

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 26913 NORTHWESTERN HWY SUITE 200

CITY/ST/ZIP: SOUTHFIELD, MI 48033-3476

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: J PETER DEVEREAUX TITLE: PRESIDENT ADDRESS: 601 SOUTH FIGUEROA STREET STE 500 CITY/ST/ZIP/CO: LOS ANGELES, CA 90017</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARY L SKOG TITLE: CEO ADDRESS: 26913 NORTHWESTERN HWY STE 200 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48033</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL F COOPER TITLE: SECRETARY ADDRESS: 26913 NORTHWESTERN HWY SUITE 200 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48033</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES A CORSIGLIA TITLE: DIRECTOR ADDRESS: 26913 NORTHWESTERN HWY SUITE 200 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48033</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN R DALE TITLE: DIRECTOR ADDRESS: 601 SOUTH FIGUEROA STREET STE 500 CITY/ST/ZIP/CO: LOS ANGELES, CA 90017</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: C. RICHARD HALL TITLE: DIRECTOR ADDRESS: 26913 NORTHWESTERN HWY SUITE 200 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48033	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: A. LOUIS HARTMAN TITLE: DIRECTOR ADDRESS: 26913 NORTHWESTERN HWY SUITE 200 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48033	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID M JAEGER TITLE: DIRECTOR ADDRESS: 26913 NORTHWESTERN HWY SUITE 200 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48033	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ARTHUR F SMITH TITLE: DIRECTOR ADDRESS: 26913 NORTHWESTERN HWY SUITE 200 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48033	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ENRIQUE SUAREZ TITLE: DIRECTOR ADDRESS: ONE EAST WACKER DRIVE SUITE 200 CITY/ST/ZIP/CO: CHICAGO, IL 60601	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TANIA L VAN HERLE TITLE: DIRECTOR ADDRESS: 601 SOUTH FIGUEROA STREET SUITE 500 CITY/ST/ZIP/CO: LOS ANGELES, CA 90017	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ERIC G ESSIQUE TITLE: DIRECTOR ADDRESS: 26913 NORTHWESTERN HWY SUITE 200 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48033	<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 F COOPER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL F COOPER, SECRETARY PRINTED NAME AND CORPORATE TITLE
9/25/2013 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.	