

|   |   |       |            |        |        |
|---|---|-------|------------|--------|--------|
| 1.) CORPORATION NAME:<br><b>Olivier-van Dyk Insurance Agency, Inc.</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>         4701 COX ROAD, SUITE 285<br/>         GLEN ALLEN, VA</b><br>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b><br>4.) STATE OR COUNTRY OF INCORPORATION:<br><b>MI</b> | DUE DATE: <b>12/31/2014</b><br>SCC ID NO: <b>F1915646</b><br>5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 50,000 |
| CLASS   | AUTHORIZED  |       |            |        |        |
| COMMON  | 50,000  |       |            |        |        |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2780 44TH ST SW  
 CITY/ST/ZIP: WYOMING, MI 49519

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: TODD VANDYK<br>TITLE: PRESIDENT<br>ADDRESS: 2780 44TH ST SW<br>CITY/ST/ZIP/CO: WYOMING, MI 49519           | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: MARK OLIVER<br>TITLE: VICE PRESIDENT<br>ADDRESS: 2780 44TH ST SW<br>CITY/ST/ZIP/CO: WYOMING, MI 49519      | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: PETER VREDEVELD<br>TITLE: VICE PRESIDENT<br>ADDRESS: 2780 44TH ST SW<br>CITY/ST/ZIP/CO: WYOMMING, MI 49519 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: MICHAEL DEWINDT<br>TITLE: DIRECTOR<br>ADDRESS: 2780 44TH ST SW<br>CITY/ST/ZIP/CO: WYOMING, MI 49519        | <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/ TODD VANDYK                                     | TODD VANDYK, PRESIDENT           | 11/6/2014 |
| 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.