

1.) CORPORATION NAME:

CLAYTON & MCKERVEY, P.C.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1929936**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2000 TOWN CENTER STE 1800

CITY/ST/ZIP: SOUTHFIELD, MI 48075

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: KEVIN MCKERVEY TITLE: PRES/DIR ADDRESS: 2000 TOWN CENTER STE 1800 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48075</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARGARET AMSDEN TITLE: VP/DIR ADDRESS: 2000 TOWN CENTER STE 1800 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48075</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES BIEHL TITLE: SEC/DIR ADDRESS: 2000 TOWN CENTER STE 1800 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48075</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TRUDY THORNSBERRY TITLE: TRES/DIR ADDRESS: 2000 TOWN CENTER STE 1800 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48075</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT DUTKIEWICZ TITLE: VP/DIR ADDRESS: 2000 TOWN CENTER, SUITE 1800 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48075</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SUZANNE TUSON TITLE: VP/DIR ADDRESS: 2000 Town Center, Suite 1800 CITY/ST/ZIP/CO: Southfield, MI 48075</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY HILLIGOSS VP/DIR 2000 Town Center, Suite 1800 Southfield, MI 48075	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY FINERTY VP/DIR 2000 Town Center, Suite 1800 Southfield, MI 48075	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN JOHNS VP/DIR 2000 Town Center, Suite 1800 Southfield, MI 48075	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERESA GORDON VP/DIR 2000 Town Center, Suite 1800 Southfield, MI 48075	<input checked="" 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/ TRUDY THORNSBERRY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TRUDY THORNSBERRY, TRES/DIR PRINTED NAME AND CORPORATE TITLE	5/6/2014 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.			