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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------|---------------------|
| No. <b>W 128973</b>                                                                                                                                    |                     | <b>Due no later than Sep 30, 2017</b>                                                                                                                                                                                    |              | 2. Registered Agent and Address <b>(NO PO BOX)</b>                           |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MORRISON INDUSTRIAL, LLC<br>MICHELLE KOSTER C/O MORRISON INDUSTRIES INC<br>1825 MONROE AVE NW<br>GRADN RAPIDS MI 49505 |              | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713 |                     |
|                                                                                                                                                        |                     |                                                                                                                                                                                                                          |              | 3. <u>New</u> Registered Agent Signature:*                                   |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                     |                                                                                                                                                                                                                          |              |                                                                              |                     |
| Office Held                                                                                                                                            | Name                | Street or PO Address                                                                                                                                                                                                     | City         | State                                                                        | Country Postal Code |
| MANAGER                                                                                                                                                | MORRISON INDUSTRIES | PO BOX 1803                                                                                                                                                                                                              | GRAND RAPIDS | MI                                                                           | USA 49501           |
| 5. Organized Under the Laws of:<br><br><b>MI</b><br><b>W 128973</b>                                                                                    |                     | 6. Annual Report must be signed.*<br>Signature: Michelle Koster<br>Name (type or print): Michelle Koster<br>Date: 08/22/2017<br>Title: Tax Administrator                                                                 |              |                                                                              |                     |
| Processed 08/22/2017                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                                                                |              |                                                                              |                     |