

3. Ma	Mailing address of the corporation's registered office:				
P	.O. Box or Street	5719 BLOOMFIELD GLENS			
A	ddress:	3719 BEOOMITEED GEENS			
Α	pt/Suite/Other:				
С	ity:	W. BLOOMFIELD			
S	tate:	MI			

Zip Code: 48322

4. Provide the names and business or residence addresses of the corporations board of directors and its president, treasurer, and secretary:

Title	Name	Residence or Business Address
PRESIDENT	EDWARD CHELIAN	5719 BLOOMFIELD GLENS W. BLOOMFIELD, MI 48322 USA
TREASURER	EDWARD CHELIAN	5719 BLOOMFIELD GLENS W. BLOOMFIELD, MI 48322 USA
SECRETARY	EDWARD CHELIAN	5719 BLOOMFIELD GLENS W. BLOOMFIELD, MI 48322 USA
DIRECTOR	EDWARD CHELIAN	5719 BLOOMFIELD GLENS W. BLOOMFIELD, MI 48322 USA

5. Describe the general nature and kind of business in which the corporation is engaged in during the year covered by this report: MANAGEMENT

This document must be signed by an authorized officer or agent:

Signed this 1st Day of May, 2018 by:

Signature	Title	Title if "Other" was selected				
Edward Chelian	President					
By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.						
jm Decline jm Accept						

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2018 ANNUAL REPORT

for

C.C.S. INVESTMENT, INC.

ID Number: 800005185

received by electronic transmission on May 01, 2018 , is hereby endorsed.

Filed on May 01, 2018 , by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 1st day of May, 2018.

Julia Dale, Director Corporations, Securities & Commercial Licensing Bureau