

Required by Section 911, Act 162, Public Acts of 1982, as amended. Failure to file this report may result in the dissolution/revocation of the corporation.

MICHIGAN ANNUAL REPORT NONPROFIT CORPORATIONS

9318H2058 1001 N-MAR \$10.00

CORPORATION NUMBER

718903

1993

FOR BUREAU USE ONLY

FILED BY DEPARTMENT OCT 12 '93

FOR BUREAU USE ONLY

This Report must be filed on or before October 1, 1993

If the Resident Agent, Registered Office, or the mailing address of the Registered Office has changed, enter the corrections below and add \$5.00 to the \$10.00 filing fee. Make remittance payable to the State of Michigan.

1. Corporate Name
PATHWAY FAMILY CENTER
22180 WEST NINE MILE ROAD
SOUTHFIELD MI 48034

1a. Mailing address of registered office if different than 1

2. Resident Agent
HELEN GOWANNY

2a. Resident Agent if different than 2

3. Registered Office Address in Michigan - NO., STREET, CITY, ZIP
22180 WEST NINE MILE ROAD
SOUTHFIELD 48034

3a. Address of registered office if different than 3 - NO., STREET, CITY, ZIP

THE CORPORATION STATES THAT THE ADDRESS OF ITS REGISTERED OFFICE AND THE ADDRESS OF THE BUSINESS OFFICE OF ITS RESIDENT AGENT ARE IDENTICAL. ANY CHANGES WERE AUTHORIZED BY RESOLUTION DULY ADOPTED BY ITS BOARD OF DIRECTORS.

4. Federal Employer Number
38-3118719

5. Term of Existence (if not perpetual)
PERPETUAL

6. The Act Under Which Incorporated (if other than 1981, P.A. 327 or 1982, P.A. 162)

7. State of Incorporation
MI

8. Incorporation Date
06/18/1993

9. Date of Admittance (Foreign Corporation)

10. The value of all real and personal property and cash owned at the time of filing this report (IF NONE ENTER "NONE"): \$ 29,000 (as of 9/16/93)

11. The authorized capital stock value (if any): \$ N/A

11a. Number of shares: N/a

12. Describe the purpose and activities of the corporation during the year covered by this report:
Charitable Substance Abuse Counselling

13. What, if any, distribution of funds has been made to any member or shareholders during the year covered by this report. Explain your answer (IF NONE ENTER "NONE"):
None

14. Provide the total amount of any loans, advances, overdrafts or withdrawals and repayments thereof made to or by officers, directors, members, or shareholders of the corporation otherwise than in the ordinary and usual course of business of the corporation and on the ordinary and usual terms of repayment and security at the time of filing. Explain your answer (IF NONE ENTER "NONE"):
None

15. Corporate Officers and Directors - As of October 1, 1993 (Name, Street Address, City, State, ZIP Code)

President
Lynn Stevens Naoum, 4696 Bentley, Troy MI 48098

Secretary
Daniel Sokolowski, 30460 Fox Club Ct. Farmington Hills, MI 48331

Treasurer
Terri Nissley, 9252 Moorings, Indianapolis, IN 46253

Chair/Exec. Director:
Helen Gowanny, 20160 Lichfield Road, Detroit, MI 48221

Vice President
Barbara L. McGregor, 5901 Summerset Drive, Midland, MI 48640

Vice Treasurer
Kenneth Nissley, 9252 Moorings, Indianapolis, IN 46253

All of the above constitute the Board of Directors

If the Mailing Address of the Registered Office, Resident Agent, or Registered Office has changed, this report must be SIGNED IN INK by either the President, Vice-President, Chairperson, Vice-Chairperson, Secretary, or Assistant Secretary of the corporation.

Signature of Helen Gowanny, its Executive Director, Date 9-20-93

PREPARER'S NAME
Kenneth A. Krasity

DAYTIME TELEPHONE NUMBER
(313) 642-7733

SEP 30 1993

**MICHIGAN ANNUAL REPORT
NONPROFIT CORPORATIONS**

944E#5959 0916 N-MAR \$10.00

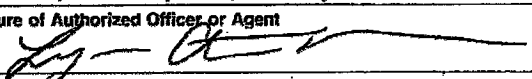
944E#5959 0916 DRG&FI \$5.00

IDENTIFICATION NUMBER

718903**1994**

FOR BUREAU USE ONLY

Required by Section 911, Act 162, Public Acts of 1982, as amended. Failure to file this report may result in the dissolution/revocation of the corporation.

This Report must be filed on or before October 1, 1994		If the Resident Agent, Registered Office, or the mailing address of the Registered Office has changed, enter the corrections below and add \$5.00 to the \$10.00 filing fee. Make remittance payable to the State of Michigan.	
1. Corporate Name PATHWAY FAMILY CENTER 22180 WEST NINE MILE ROAD SOUTHFIELD MI 48034		1a. Mailing address of registered office if different than 1	
2. Resident Agent HELEN GOWANNY		2a. Resident Agent if different than 2 Lea McGregor	
3. Registered Office Address in Michigan - NO., STREET, CITY, ZIP 22180 WEST NINE MILE ROAD SOUTHFIELD 48034		3a. Address of registered office if different than 3 - NO., STREET, CITY, ZIP	
The corporation states that the address of its registered office and the address of the business office of its resident agent are identical. Any changes were authorized by resolution duly adopted by its board of directors.		FOR BUREAU USE ONLY FILED BY DEPARTMENT SEP 20 '94	
4. Federal Employer Number 000000000	5. The Act Under Which Incorporated (if other than 1931, P.A. 327 or 1982, P.A. 162)	6. Term of Existence (if not perpetual)	7. State of Incorporation MI
8. Incorporation Date 06/18/1993	9. Date of Admittance (Foreign Corporation)	10. The value of real and personal property and cash owned at the time of filing this report (IF NONE ENTER "NONE"): \$19,072.19	
11. The authorized capital stock value: N/A	11a. Number of shares: N/A	12. Describe the purpose and activities of the corporation during the year covered by this report: Substance Abuse Counseling	
13. What, if any, distribution of funds has been made to any member or shareholders during the year covered by this report. Explain your answer. (IF NONE ENTER "NONE"): NONE		14. Provide the total amount of any loans, advances, overdrafts or withdrawals and repayments made to or by officers, members, or shareholders of the corporation other than in the ordinary course of business. (IF NONE ENTER "NONE"): NONE	
15. Corporate Officers and Directors (Name, Street Address, City, State, ZIP Code)			
	President Lynn Stevens Naoum, 4696 Bentley, Troy, MI 48098		
if different than President	Secretary Terri Nissley, 9252 Moorings, Indianapolis, IN 46253		
	Treasurer Kenneth Nissley, 9252 Moorings, Indianapolis, IN 46253		
	Vice President		
if different than Officers	Director Lynn Stevens Naoum, 4696 Bentley, Troy, MI 48098		
	Director Kenneth Nissley, 9252 Moorings, Indianapolis, IN 46253		
	Director		
REPORT MUST BE SIGNED IN INK. If items 1a, 2a or 3a were completed, the report can only be signed by the President, Vice-President, Chairperson, Vice-Chairperson, Secretary or Assistant Secretary of the corporation.			
Signature of Authorized Officer or Agent 		Title President	Date September 15, 1994
Preparer's Name Lynn Stevens Naoum		Daytime Telephone Number (810) 642-7733	

SEP 16 1994

**MICHIGAN ANNUAL REPORT
NONPROFIT CORPORATIONS**

075EH6515 1003 H-MAR \$10.00
075EH6515 1003 DRG&FI \$5.00

IDENTIFICATION NUMBER
718903

1995

FOR BUREAU USE ONLY

Required by Section 911, Act 162, Public Acts of 1982, as amended. Failure to file this report may result in the dissolution/revocation of the corporation.

This Report must be filed on or before October 1, 1995		If the Resident Agent, Registered Office, or the mailing address of the Registered Office has changed, enter the corrections below and add \$5.00 to the \$10.00 filing fee. Make remittance payable to the State of Michigan.	
1. Corporate Name PATHWAY FAMILY CENTER 22180 WEST NINE MILE ROAD SOUTHFIELD MI 48034		1a. Mailing address of registered office if different than 1	
2. Resident Agent LEA MCGREGOR		2a. Resident Agent if different than 2 Lynn Naoum	
3. Registered Office Address in Michigan - NO., STREET, CITY, ZIP 22180 WEST NINE MILE ROAD SOUTHFIELD 48034		3a. Address of registered office if different than 3 - NO., STREET, CITY, ZIP	
The corporation states that the address of its registered office and the address of the business office of its resident agent are identical. Any changes were authorized by resolution duly adopted by its board of directors.		FOR BUREAU USE ONLY FILED BY DEPARTMENT OCT 18 '95	
4. Federal Employer Number 000000000 38-3118719	5. The Act Under Which Incorporated (if other than 1931, P.A. 327 or 1982, P.A. 162)	6. Term of Existence (if not perpetual)	7. State of Incorporation MI
8. Incorporation Date 06/18/1993	9. Date of Admittance (Foreign Corporation)	10. The value of real and personal property and cash owned at the time of filing this report (IF NONE ENTER "NONE"): \$1,100 \$110,000	
11. The authorized capital stock value: N/A	11a. Number of shares: N/A	12. Describe the purpose and activities of the corporation during the year covered by this report: Adolescent Outpatient Substance Abuse Services	
13. What, if any, distribution of funds has been made to any member or shareholders during the year covered by this report. Explain your answer. (IF NONE ENTER "NONE"): None		14. Provide the total amount of any loans, advances, overdrafts or withdrawals and repayments made to or by officers, members, or shareholders of the corporation other than in the ordinary course of business. (IF NONE ENTER "NONE"): None	
15. Corporate Officers and Directors (Name, Street Address, City, State, ZIP Code)			
if different than President	President	Terri C. Nissley 9252 Moorings Blvd, Indianapolis, IN 46256	
	Secretary	Same as Above	
	Treasurer	Same as Above	
if different than Officers	Vice-President	Chairman Lynn Stevens-Naoum 32100 Telegraph Rd, St. 200, Bingham Farms, MI 48025	
	Director	Norma Schell 1734 Henrietta, Birmingham, MI 48009	
	Director	Scott Adler 15855 Nineteen Mile Rd, Clinton Township, MI 48038	
	Director	Ken Nissley 9252 Moorings Blvd, Indianapolis, IN 46256	
REPORT MUST BE SIGNED IN INK. If items 1a, 2a or 3a were completed, the report can only be signed by the President, Vice-President, Chairperson, Vice-Chairperson, Secretary or Assistant Secretary of the corporation.			
Signature of Authorized Officer or Agent Terri C. Nissley		Title President	Date 9/27/95
Preparer's Name Terri C. Nissley		Daytime Telephone Number (810) 356-0373	
		OCT 02 1995	



MICHIGAN ANNUAL REPORT
NONPROFIT CORPORATIONS

FILED BY DEPARTMENT SEP 26 '96

CP6D#1368 0924 N-MAR \$10.00

1996

IDENTIFICATION NUMBER - 718903

This Report must be filed on or before October 1

FOR BUREAU USE ONLY

To certify there are no changes from your previous filing check this box and skip to item 6. FILING FEE: \$10.00

~~If there are changes from your previous filing, you must complete items 1 through item 6.~~

1. Corporate Name
PATHWAY FAMILY CENTER
22180 WEST NINE MILE ROAD
SOUTHFIELD MI 48034

1a. Mailing address of registered office if different than 1

2. Resident Agent
LYNN NAOUM

2a. Resident Agent if different than 2

3. Registered Office Address in Michigan - NO., STREET, CITY, ZIP
22180 WEST NINE MILE ROAD
SOUTHFIELD 48034

3a. Address of registered office if different than 3 - NO., STREET, CITY, ZIP

The corporation states that the address of its registered office and the address of the business office of its resident agent are identical. Any changes were authorized by resolution duly adopted by its board of directors.

Make remittance payable to the State of Michigan.

4. Describe the purpose and activities of the corporation during the year covered by this report:

If space is insufficient, you may include additional pages. PLEASE DO NOT STAPLE ADDITIONAL PAGES TO THIS REPORT.

5.	NAME	BUSINESS OR RESIDENCE ADDRESS
	President	
If different than President	Vice President	
	Secretary	
	Treasurer	
If different than Officers	Director	
	Director	
	Director	

SIGNATURE: The report must be signed in ink by an authorized officer or agent of the corporation.
 Note: If items 1a, 2a or 3a are completed, the report can only be signed by the President, Vice-President, Chairperson, Vice-Chairperson, Secretary or Assistant Secretary of the Corporation.

6. Signature <i>Jessie C. Nussley</i>	Title <i>President</i>	Date <i>9/12/96</i>
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Required by Section 911, Act 162, Public Acts of 1982, as amended. Failure to file this report may result in the dissolution/revocation of the corporation.

THE OFFICE IS LOCATED AT:
 6546 MERCANTILE WAY
 LANSING MI 48910
 TELEPHONE (517) 334-6300

RETURN TO:
 MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES CORPORATION, SECURITIES AND LAND DEVELOPMENT BUREAU
 P.O. BOX 30057
 LANSING MI 48909-7557

**1997 NONPROFIT CORPORATION
INFORMATION UPDATE**
(formerly Annual Report)

0970#2390 0924 MI-MAR \$18.00

This report must be filed on or before October 1

FOR BUREAU USE ONLY

IDENTIFICATION NUMBER 718903	THE OFFICE IS LOCATED AT: 6546 MERCANTILE WAY LANSING MI 48910 (517) 334-6300	RETURN TO: MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES CORPORATION, SECURITIES AND LAND DEVELOPMENT BUREAU P.O. BOX 30057 LANSING MI 48909-7557
Corporate Name PATHWAY FAMILY CENTER 22180 WEST NINE MILE ROAD SOUTHFIELD MI 48034		
Registered Office Address in Michigan - NO., STREET, CITY, ZIP 22180 WEST NINE MILE ROAD SOUTHFIELD 48034		Resident Agent LYNN NAOUM
FILED BY DEPARTMENT SEP 26 '97		
Make remittance payable to the State of Michigan.		

To certify there are no changes from your previous filing check this box and skip to Item 6. **FILING FEE: \$10.00**

If there are changes from your previous filing, you must complete items 1 through 6.

1. Mailing address of registered office if different than above	2. Resident Agent if different than above
3. Address of registered office if different than above - NO., STREET, CITY, ZIP	
4. Describe the purpose and activities of the corporation during the year covered by this report:	

If space is insufficient, you may include additional pages. **PLEASE DO NOT STAPLE ADDITIONAL PAGES TO THIS REPORT.**

5.	NAME	BUSINESS OR RESIDENCE ADDRESS
	President	
	Vice President	
If different than President	Secretary	
	Treasurer	
If different than Officers	Director	
	Director	
	Director	

The corporation states that the address of its registered office and the address of the business office of its resident agent are identical. Any changes were authorized by resolution duly adopted by its board of directors.

SIGNATURE: The report must be signed in ink by an authorized officer or agent of the corporation.
Note: If items 1, 2 or 3 are completed, the report can only be signed by the President, Vice-President, Chairperson, Vice-Chairperson, Secretary or Assistant Secretary of the Corporation.

6. Signature <i>Jeri C. Dissley</i>	Title <i>President</i>	Date <i>9/19/97</i>
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Required by Section 911, Act 162, Public Act of 1982, as amended. Failure to file this report may result in the dissolution/revocation of the corporation.



**1998 NONPROFIT CORPORATION
INFORMATION UPDATE**

To certify there are no changes from your previous filing check this box and skip to Item 6.

Filing Fee \$10.00

FOR BUREAU USE ONLY

<p>718903 IDENTIFICATION NUMBER</p>	<p>THE OFFICE IS LOCATED AT: 6546 MERCANTILE WAY LANSING MI 48910 (517) 334-6300</p>	<p>RETURN TO: MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES CORPORATION, SECURITIES AND LAND DEVELOPMENT BUREAU P.O. BOX 30057 LANSING MI 48909-7557</p>
<p>Corporate Name and Mailing Address</p> <p align="center">PATHWAY FAMILY CENTER 22180 WEST NINE MILE ROAD SOUTHFIELD MI 48034</p> <p align="right">FILED BY DEPARTMENT OCT 30 '98</p> <p align="right">10/27/1998 LNEBB T:8785 00977316 718903 3206 Total \$10.00 Crys Non Profit Annual Report</p>		
<p>Registered Office Address in Michigan - NO., STREET, CITY, ZIP 22180 WEST NINE MILE ROAD SOUTHFIELD 48034</p>	<p>Resident Agent: LYNN NAOM</p>	

<p>1. Mailing address of registered office if different than preprinted information above</p>	<p>2. Resident Agent if different than above</p>
<p>3. Address of registered office if different than preprinted information above - NO., STREET, CITY, ZIP</p>	

4. Describe the purpose and activities of the corporation during the year covered by this report:

5.	NAME	BUSINESS OR RESIDENCE ADDRESS
	President	
	Vice President	
If different than President	Secretary	
	Treasurer	
If different than Officers	Director	
	Director	
	Director	

The corporation states that the address of its registered office and the address of the business office of its resident agent are identical. Any changes were authorized by resolution duly adopted by its board of directors.

If space is insufficient, you may include additional pages. PLEASE DO NOT STAPLE ADDITIONAL PAGES TO THIS REPORT.
Enclose \$10.00 made payable to the State of Michigan. This report must be filed on or before October 1.

<p>6. Signature of an Authorized Officer or Agent of the Corporation <i>Luci C. Nessel</i></p>	<p>File <i>President CEO</i></p>	<p>Date <i>10-23-98</i></p>
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**DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
BUREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION
1999 NONPROFIT CORPORATION INFORMATION UPDATE**



To certify there are no changes from your previous filing check this box and proceed to item 6. If the resident agent and/or registered office has changed complete items 1-6. If only officer and director information has changed complete items 4-6.

FOR BUREAU USE ONLY

Identification Number 718903	Corporation name PATHWAY FAMILY CENTER	FILED BY DEPARTMENT JAN 18 2002
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Resident agent name and mailing address of the registered office

LYNN NAOUM
~~22180 WEST NINE MILE ROAD~~
~~SOUTHFIELD MI 48084~~

Trans: 3032729-1 01/03/02
Chk#: 4374 \$15.00
ID#: 718903

The address of the registered office

~~22180 WEST NINE MILE ROAD~~
~~SOUTHFIELD MI 48084~~

1. Mailing address of registered office in Michigan (may be a P.O. Box) 231 PROVIDENCE DR STE 300 SOUTHFIELD MI 48075	2. Resident Agent AS ABOVE
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3. The address of the registered office in Michigan (a P.O. Box may not be designated as the address of the registered office)

231 PROVIDENCE DR STE 300
SOUTHFIELD MI 48075

4. Describe the purpose and activities of the corporation during the year covered by this report:

**501(C)(3) OPERATING FOR CHARITABLE AND EDUCATIONAL PURPOSES
BENEFITING YOUNG PEOPLE AND THEIR FAMILIES TO ATTAIN SOBRIETY**

5.	NAME	BUSINESS OR RESIDENCE ADDRESS
President (Required)	TERRI C. NISSLEY	23100 PROVIDENCE DR, SOUTHFIELD, MI 48075
Secretary (Required)	TERRI C. NISSLEY	}
Treasurer (Required)	TERRI C. NISSLEY	}
Vice President		}
Director (Required)	SEE ATTACHMENT	
Director		
Director		

6. The filing fee is \$10.00. Please make your check or money order payable to the State of Michigan. Return this signed report with fee to:

Michigan Department of Consumer & Industry Services
Bureau of Commercial Services, Corporation Division
P.O. Box 30702
Lansing, MI 48909-8202
(517) 241-6460

Signature of authorized officer or agent TERRI C. NISSLEY	Title President	Date 12/26/01	Phone (Optional) 248-443-0105
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If more space is needed additional pages may be included. Do not staple any items to report. This report is required by Section 911, Act 162, Public Acts of 1992, as amended. Failure to file this report may result in the dissolution/revocation of the corporation.

Handwritten initials

718903
Pathway Family Center
Board of Directors
1999 Nonprofit Corporation Information update

Attachement

Name	Business or Residence Address
Terri Nissley	23100 Providence Dr., Suite 300, Southfield MI 48075
Scott Adler	23100 Providence Dr., Suite 300, Southfield MI 48075
Kathy Mechigian	23100 Providence Dr., Suite 300, Southfield MI 48075
Lynn Naoum	23100 Providence Dr., Suite 300, Southfield MI 48075
Sue Sherbow	23100 Providence Dr., Suite 300, Southfield MI 48075
Tim Youngblood	23100 Providence Dr., Suite 300, Southfield MI 48075
Carolyn Secord	23100 Providence Dr., Suite 300, Southfield MI 48075

DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
 BUREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION
 2000 NONPROFIT CORPORATION INFORMATION UPDATE



To certify there are no changes from your previous filing check this box and proceed to Item 6. If the resident agent and/or registered office has changed complete items 1-6. If only officer and director information has changed complete items 4-6.

FOR BUREAU USE ONLY

Identification Number 718903	Corporation name PATHWAY FAMILY CENTER	FILED BY DEPARTMENT JAN 18 2002
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Resident agent name and mailing address of the registered office

LYNN NAOUM
 ← **22180 WEST NINE MILE ROAD 23100 PROVIDENCE DR, SUITE 300**
SOUTHFIELD MI 48034-48075

Trans: 3 3832729-3 01/03/02
 CHM#: 4374 \$15.00
 ID#: 718903

The address of the registered office

22180 WEST NINE MILE ROAD 23100 PROVIDENCE DR,
SOUTHFIELD MI 48034-48075
SUITE 300

1. Mailing address of registered office in Michigan (may be a P.O. Box) AS ABOVE	2. Resident Agent AS ABOVE
--	--------------------------------------

3. The address of the registered office in Michigan (a P.O. Box may not be designated as the address of the registered office)
AS ABOVE

4. Describe the purpose and activities of the corporation during the year covered by this report:
501(C)(3) OPERATING FOR CHARITABLE AND EDUCATIONAL PURPOSE. BENEFITING YOUNG PEOPLE AND THEIR FAMILIES & ACHIEVE SOCIETY

6.	NAME	BUSINESS OR RESIDENCE ADDRESS
President (Required)	TERRI C NISSLEY	23100 PROVIDENCE DR, SOUTHFIELD, MI 48075
Secretary (Required)	TERRI C NISSLEY	{ } { } { }
Treasurer (Required)	TERRI C NISSLEY	{ } { } { }
Vice President		
Director (Required)	SEE ATTACHMENT	
Director		
Director		

6. The filing fee is \$10.00. Please make your check or money order payable to the State of Michigan. Return this signed report with fee to:
 Michigan Department of Consumer & Industry Services
 Bureau of Commercial Services, Corporation Division
 P.O. Box 30702
 Lansing, MI 48909-8202
 (517) 241-6460

Signature of authorized officer or agent TERRI C NISSLEY	Title President	Date 12/26/01	Phone (Optional) 248-443-0105
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If more space is needed additional pages may be included. Do not staple any items to report. This report is required by Section 911, Act 162, Public Acts of 1982, as amended. Failure to file this report may result in the dissolution/revocation of the corporation.

IF Filled

Pathway Family Center
Board of Directors
2000 Nonprofit Corporation Information update

718 903

Attachement

Name	Business or Residence Address
Terri Nissley	23100 Providence Dr., Suite 300, Southfield MI 48075
Scott Adler	23100 Providence Dr., Suite 300, Southfield MI 48075
Kathy Mechigian	23100 Providence Dr., Suite 300, Southfield MI 48075
Lynn Naoum	23100 Providence Dr., Suite 300, Southfield MI 48075
Sue Sherbow	23100 Providence Dr., Suite 300, Southfield MI 48075
Ken Nissley	23100 Providence Dr., Suite 300, Southfield MI 48075
Mark Wilcox	23100 Providence Dr., Suite 300, Southfield MI 48075
Gary Kay	23100 Providence Dr., Suite 300, Southfield MI 48075
John Delaney	23100 Providence Dr., Suite 300, Southfield MI 48075

DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
BUREAU OF COMMERCIAL SERVICES - CORPORATION DIVISION

NONPROFIT CORPORATION INFORMATION UPDATE

Year 2002

1. IDENTIFICATION NUMBER
718903

2. Corporate Name
PATHWAY FAMILY CENTER

Trans: 3 7657941-1 01/06/03
Chrg: 5845 Amt: \$10.00
ID: 718903

3. Resident Agent
LYNN NAOM

4a. Registered Office Address in Michigan (a P.O. Box may not be designated as the address of the Registered Office)
23100 PROVIDENCE DR, SUITE 300
SOUTHFIELD MI 48075

FILED BY DEPARTMENT JAN 28 2003

4b. Mailing Address of Registered Office in Michigan (may be a P.O. Box)
23100 PROVIDENCE DR SUITE 300
SOUTHFIELD MI 48075

5. Describe the purpose and activities of the corporation during the year covered by this report.
501 (C) 3 OPERATING FOR CHARITABLE AND EDUCATIONAL PURPOSES BENEFITING YOUNG PEOPLE AND THEIR FAMILIES

6.	NAME	BUSINESS OR RESIDENCE ADDRESS
President (Required)	<u>TERM C NISSLEY</u>	<u>23100 PROVIDENCE DR, SOUTHFIELD MI 48075</u>
Secretary (Required)	<u>TERM C NISSLEY</u>	<u>48075</u>
Treasurer (Required)	<u>TERM C NISSLEY</u>	<u>48075</u>
Vice President		
Director (Required)	<u>SEE ATTACHMENT</u>	
Director		
Director		
7. The filing fee is \$10.00. Please make your check or money order payable to the State of Michigan. Return report and fee to: Michigan Department of Consumer & Industry Services Bureau of Commercial Services - Corporation Division P.O. Box 30057 Lansing, MI 48909-7557 (517) 241-6460		
8. Signature of an authorized officer or agent	Date	Phone (Optional)
<u>[Signature]</u>	<u>12 26 02</u>	<u>313-586-6953</u>

If more space is needed, additional pages may be included. Do not staple any items to the report.

AUTHORITY: P.A. 162 of 1982, as amended
COMPLETION: Mandatory
PENALTY: Dissolution of Business Entity

Pathway Family Center – Corporate Board

Scott Adler, V.P. of Community Integration
St. Joseph Mercy Macomb
43421 Garfield, Suite 203
Clinton Township, MI 48038
(810) 263-2889
adlers@trinity-health.org

John Delaney, Executive Vice President
Bright Point, Inc.
6402 Corporate Drive
Indianapolis, IN 46278
(317) 387-5344
(317) 590-3332 – cell
john.delaney@brightpoint.com

Steve Humke, Attorney
ICEMILLER
One American Square, Box 82001
Indianapolis, IN 46282-0002
humke@icemiller.com

Gary Kay, V.P. Operations
Image Process Design
36800 Woodward Ave. Suite 300
Bloomfield Hills, MI 48098
(248) 723-9733 x1146 – Office
gkay@ipdsolutions.com

Bill Linville, Executive VP-Industrial
Duke Realty
600 E. 96th St. Suite 100
Indianapolis, IN 46240
(317) 808-6000
Bill.Linville@dukerealty.com

Kathy Mechigan
32724 Bingham Lane
Bingham Farms, MI 48025

Marty Moore, President
The Moore Foundation
9100 Keystone Crossing Ste. 390
Indianapolis, IN 46240
moorefd@aol.com

Lynn Naoum, Attorney
Vicko, Lane, Payne & Broder PC
32100 Telegraph Rd Suite 200
Bingham Farms, MI 48025-2454
(248) 641-7922-Home
(248) 280-9024-Work
momesq33@aol.com

Dr. Chris Suelzer, Internist/Addictions
IU School of Medicine
6401 Riverview Drive
Indianapolis, IN 46220
csuelzer@iupui.edu

Mark Wilcox
The Garrison Company
32871 Middlebelt Road, Ste. 100
Farmington Hills, MI 48334
(248) 932-9100 – Office
(810) 602-0792 – Cell
mwilcox@garrisoncompany.com

**DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
BUREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION
2003 NONPROFIT CORPORATION INFORMATION UPDATE**



To certify there are no changes from your previous filing check this box and proceed to Item 6. If the resident agent and/or registered office has changed complete Items 1-6. If only officer and director information has changed complete Items 4-6.

FOR BUREAU USE ONLY	
Identification Number 718903	Corporation name PATHWAY FAMILY CENTER
Resident agent name and mailing address of the registered office LYNN NAOUM 23100 PROVIDENCE DR STE 300 SOUTHFIELD MI 48075	
The address of the registered office 23100 PROVIDENCE DR STE 300 SOUTHFIELD MI 48075	

FILED BY DEPARTMENT
 RECEIVED
\$10 SEP 02 2003
 Dept. of CIS

1. Mailing address of registered office in Michigan (may be a P.O. Box)	2. Resident Agent
3. The address of the registered office in Michigan (a P.O. Box may not be designated as the address of the registered office)	
4. Describe the purpose and activities of the corporation during the year covered by this report:	

5.	NAME	BUSINESS OR RESIDENCE ADDRESS
President (Required)		
Secretary (Required)		
Treasurer (Required)		
Vice President		
Director (Required)		
Director		
Director		

6. The filing fee is \$10.00. The fee increases to \$20 October 1, 2003 through September 30, 2007. Please make your check or money order payable to the State of Michigan. This report must be filed on or before October 1, 2003. Return this signed report with fee to:

Michigan Department of Consumer & Industry Services
 Bureau of Commercial Services, Corporation Division
 P.O. Box 30481
 Lansing, MI 48909-7961
 (517) 241-8470

Signature of authorized officer or agent <i>Terri C. Nisally</i>	Title President	Date 8/21/03	Phone (Optional) (248) 443-6105
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**MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
BUREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION
NONPROFIT CORPORATION INFORMATION UPDATE**



2004

FOR BUREAU USE ONLY

Identification Number 718903	Corporation name PATHWAY FAMILY CENTER
Resident agent name and mailing address of the registered office LYNN NAOM 23100 PROVIDENCE DR STE 300 SOUTHFIELD MI 48075	
<p>RECEIVED</p> <p>\$20 FEB 15 2005</p> <p>Dept. of LEG</p>	
<p>FILED</p> <p>MAR -7 2005</p> <p>By Department Bureau of Commercial Services</p>	
The address of the registered office 23100 PROVIDENCE DR STE 300 SOUTHFIELD MI 48075	

To certify there are no changes from your previous filing check this box and proceed to item 6. If the resident agent and/or registered office has changed complete items 1-6. If only officer and director information has changed complete items 4-6.

1. Mailing address of registered office in Michigan (may be a P.O. Box)	2. Resident Agent
3. The address of the registered office in Michigan (a P.O. Box may not be designated as the address of the registered office)	
4. Describe the purpose and activities of the corporation during the year covered by this report:	
5.	
NAME	BUSINESS OR RESIDENCE ADDRESS
If different than President	President (Required)
	Secretary (Required)
	Treasurer (Required)
	Vice President
If different than Officers	Director (Required)
	Director
	Director

6. This report is due on or before October 1, 2004.
The filing fee is \$20.00.

Please make your check or money order payable to the State of Michigan.
Return to: Michigan Department of Labor & Economic Growth
Bureau of Commercial Services, Corporation Division
P.O. Box 30767
Lansing, MI 48909
(517) 241-6470

Signature of authorized officer or agent <i>Lynn Naom</i>	Title <i>Office mgr.</i>	Date <i>2/8/05</i>	Phone (Optional) <i>317-585-6953</i>
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If more space is needed additional pages may be included. Do not staple any items to report. This report is required by Section 911, Act 162, Public Acts of 1982, as