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State of Rhode Island and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
144256	New World Systems Corporation			
3. Street Address Principal Business Office		City	State	Zip
888 W. Big Beaver #600		Troy	MI	48084
4. Business Phone No.	5. State of Incorporation			
248 269 1000	Michigan			

6. Brief Description of the Character of Business Conducted in Rhode Island
Software sales and installation services

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Larry D. Leinweber	888 W. Big Beaver #600	Troy	MI	48084

Vice President Name	Street Address	City	State	Zip
David Materne	888 W. Big Beaver #600	Troy	MI	48084

Secretary Name	Street Address	City	State	Zip
Claudia Babiarz	888 W. Big Beaver #600	Troy	MI	48084

Treasurer Name	Street Address	City	State	Zip
Larry D. Leinweber	888 W. Big Beaver #600	Troy	MI	48084

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Larry D. Leinweber	888 W. Big Beaver #600	Troy	MI	48084
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
3206800	n/a	.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature 1-7-09 *Date*

David Materne
Print or Type Name

[redacted] Vice President
Title

File Date FILED
Check No. JAN 11 2010
By: By 5/4/26
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43865-17-428971

Form 630 Rev. 08/08