Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335

	IDENCE PLANTA cretary of State	.110.85			401.222.3040
•		INIIAL REPOI	RT FOR THE YE	AR 2005	
Filing Period: January 1 -	March 1 ● Filin	g Fee: \$50.00	KI I OK IIIE I		_
FORM MUST BE TYPED IN BI	·	•			
1. Corporate ID No	2 Name of Corporatio	n			
136944		DNSULTING SERVIC	ES CORPORATION	State	Zip
3 Street Address Principal Busine	***	250	City FARMINGTON HILLS	M.I.	48334-
32605 WEST 12 MIL:	E ROAD, SULLE	5 State of Incorporation	PARMINGTON NIDES	11.2	6 SIC Code
4 Business Phone No		MICHIGAN			
7 Brief Description of the Chara PROVISION OF INFORMS	cter of Business Conduct	ed in Rho <b>de</b> Island ( SERVICES			
8. NAMES AND ADDRESS President Name	SES OF THE OFFICE	ERS ("X" BOX FOR ATTA	ACHMENT) TFILL IN SPACE  Vice President Name	ES BEFORE USING AT	TACHMENTS
Rajendra B. Vattik	uti		James S. Trouba		
Street Address			Street Address		
32605 W. 12 Mile R	Road, Suite 25	0	32605 W. 12 Mile	Road, Suite 25	50
City	State	Zip	City	State	Zip
Farmington Hills	Michigan	48334	Farmington Hills	Michigan	48334
Secretary Name			Treasurer Name		
Brett D. Pynnonen			James S. Trouba		
Street Address		•	Street Address 32605 W. 12 Mile	Road Suite 25	.0
32605 W. 12 Mile F				State	Zip
City	State	Zip 48334	City Farmington Hills	Michigan	48334
Farmington Hills	Michigan		TTACHMENT) T FILL IN SPA		ATTACHMENTS
9. NAMES AND ADDRESS Director Name	SES OF THE DIKEC	TOKS ("X" BOX FORM	Director Name	(CLL) DEI (ML) CO- 1-1-1	•
James S. Trouba					
Street Address			Street Address		
32605 W. 12 Mile F	Road. Suite 25	0			
City	State	Zip	City	State	Zip
Farmington Hills	Michigan	48334			
Director Name			Director Name		
Street Address			Street Address		
Cin	State	Zıp	City	State	Zıp
10. SHARES AUTHORIZE	FD '/"X" BOX FOR AT	TACHMENTS []	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	77 🗆
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class Series	Par Value
60,000 COMM NO PAR	R VALUE		1,000	Common	No Par Value
00,000 001111111017111	· · · · · · · · · · · · · · · · · · ·		., 66		
This report must be signe	ed in ink by either.	the President, Vice Pi	resident, Secretary, Assisto	ant Secretary, Treas	urer, Receiver or Trustee
·					
1 3 6	9 4 4		Under penalty of perju	iry, I declare and affirm	that I have examined
			this report, including a	my accompanying sche-	dules and statements.
*136944 FBC 03/21/0	5.05·12·07 PM*	$\neg$	and that all statements	contained herein are tr	ue and correct.
<b>F</b> −1	ĽĖĎ		AST 1	1/2	3/22103
Tile Date		17 July	Signature of Officer		Date
eck No. APR	0 1 2005	(1001)	Brett D. Pyni		
	V W		Frint or Type Name of C		
By			Secretary	••	
SECRETARY OF STATE	USE ONLY		Title of Officer		Form 630 12/0
ī		1	•		