



Form Revision Date 07/2016

ANNUAL REPORT

(Required by Section 911, Act 284, Public Act of 1972)

The identification number assigned by the Bureau is: 801997837

Annual Report Filing Year: 2019

1. Corporation Name:
ARBOR AUTOMATION INC.

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: ALEXANDER MILLS

2. Street Address: FLUITY C/O MENLO INNOVATIONS, 505 EAST LIBERTY STREET

Apt/Suite/Other: STE. LL 500

City: ANN ARBOR

State: MI Zip Code: 48104

3. Mailing address of the corporation's registered office:

P.O. Box or Street Address: FLUITY C/O MENLO INNOVATIONS, 505 EAST LIBERTY STREET

Apt/Suite/Other: STE. LL 500

City: ANN ARBOR

State: MI Zip Code: 48104

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

Title	Name	Residence or Business Address
PRESIDENT	ALEXANDER MILLS	301 E. LIBERTY ST., #701, ANN ARBOR, MI 48104 USA
TREASURER	ALEXANDER MILLS	301 E. LIBERTY ST., #701, ANN ARBOR, MI 48104 USA
SECRETARY	ALEXANDER MILLS	301 E. LIBERTY ST., #701, ANN ARBOR, MI 48104 USA
DIRECTOR	ALEXANDER MILLS	301 E. LIBERTY ST., #701, ANN ARBOR, MI 48104 USA

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

MANUFACTURING PROCESS AUTOMATION SOFTWARE SERVICES FOR PROTOTYPING AND PRODUCTION ON CNC MACHINE TOOLS.

6. Enter the apportionment percentage from the most recent filed Michigan tax return:

Total Authorized shares:	1000	Most recent apportionment percentage:	100.0000	For year ending:	2018 <input type="button" value="v"/>
Previous attributable shares:	60000	Previous period apportionment percentage:	100.0000	For year ending:	2017

This document must be signed by an authorized officer or agent:
 Signed this 8th Day of July, 2019 by:

Signature	Title	Title if "Other" was selected
Alexander Mills	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.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2019 ANNUAL REPORT

for

ARBOR AUTOMATION INC.

ID Number: 801997837

received by electronic transmission on July 08, 2019 ***, is hereby endorsed.***

Filed on July 08, 2019 ***, 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 8th day of July, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau