

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 828606 (4)**

1. Corporation Name:  
**UNIVERSAL FOREST PRODUCTS, INC.**

MAY - 1 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **2801 E BELTLINE, N.E. GRAND RAPID MI 49505**  
Mailing Address: **2801 E BELTLINE, N.E. GRAND RAPID MI 49505**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified:	3a. Date of Last Report:
21		26		09/05/1972	05/01/1994
22		27		4. FEI Number:	Applied For:
23		28		38-1465835	Not Applicable
24		29		5. Certificate of Status Desired:	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution:	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent:				10. Name and Address of Now Registered Agent:		
O'NEILL, KEVIN 105 PROGRESS RD AUBURNDALE FL 33823-7217				B1	Name	
				B2	Street Address (P.O. Box Number is Not Acceptable)	
				B3		
				B4	City	
				FL	B5	Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0602, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Name of Registered Agent) \_\_\_\_\_ (Name of Now Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12.	
OFFICER	NAME AND ADDRESS	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	CURRIE, WILLIAM G. 1830 BEARD DR. S.E. GRAND RAPIDS, MI 00000	2. NAME	
VT	BOWMAN, ELIZABETH A. 5086 N. OAKVALE CT., S.E. WYOMING MI	3. STREET ADDRESS	
VP	HARRIS, DONALD L. 602 FRUITVILLE PIKE MANHEIM PA	4. CITY, ST. ZIP	
V	WARD, JAMES H 76 LOWER MEIGS RD MOULTRIE GA	5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD	LAUSCH, R. DALE 3029 MARY SE GRAND RAPIDS, MIC	6. NAME	
C	SECCHIA, PETER F 2833 BONNELL, SE GRAND RAPIDS MI	7. STREET ADDRESS	
		8. CITY, ST. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information made used on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make no other claim that I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on this report or that I have changed or am an other named with an address.

SIGNATURE: *Elizabeth A. Bowman* ELIZABETH A. BOWMAN 5/1/95 (616) 364-6161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR