

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **828606** (4)
1. Corporation Name

UNIVERSAL FOREST PRODUCTS, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1972	3a. Date of Last Report 05/01/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-1465835	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	25		30		

9. Name and Address of Current Registered Agent
**O'NEILL, KEVIN
105 PROGRESS RD
AUBURNDALE FL 33823-7217**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent Signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, WILLIAM G.	1.2 NAME	
STREET ADDRESS	1830 BEARD DR. S.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS, MI 00000	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, ELIZABETH A.	2.2 NAME	
STREET ADDRESS	5086 N. OAKVALE CT., S.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WYOMING MI	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, DONALD L.	3.2 NAME	
STREET ADDRESS	602 FRUITVILLE PIKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MANHEIM PA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, JAMES H	4.2 NAME	
STREET ADDRESS	76 LOWER MEIGS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOULTRIE GA	4.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUSCH, R. DALE	5.2 NAME	
STREET ADDRESS	3029 MARY SE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS, MIC	5.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECCHIA, PETER F	6.2 NAME	
STREET ADDRESS	2833 BONNELL, SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth A. Bowman **ELIZABETH A. BOWMAN** 5/1/96 (616) 364-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)