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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **828606**

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-1465835	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
					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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, ELIZABETH A.	2.2 NAME	Nickels, Elizabeth A.
STREET ADDRESS	4061 IVENREST SW	2.3 STREET ADDRESS	4061 Ivanrest SW
CITY-ST-ZIP	GRANDVILLE MI 49418	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, DONALD L.	3.2 NAME	Secretary/Vice President
STREET ADDRESS	602 FRUITVILLE PIKE	3.3 STREET ADDRESS	Matthew J. Missad
CITY-ST-ZIP	MANHEIM PA	3.4 CITY-ST-ZIP	1674 Riva Ridge Dr SE.
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	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECCHIA, PETER F	5.2 NAME	
STREET ADDRESS	2833 BONNELL, SE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Elizabeth A. Nickels* Elizabeth A. Nickels 2/23/99 616.364.6161
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/98)