FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **830239** **(0)**

1. Corporation Name

C.A. MUER CORPORATION

Principal Place of Business	Mailing Address
1548 PORTER STREET DETROIT MI 48216	1548 PORTER STREET DETROIT MI 48216

3. Date Incorporated or Qualified: **06/11/1973**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **38-1752352** ☐ Applied For ☐ Not Applicable

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 ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CANNON, JOHN V. III
1550 RINGLING BLVD.
P.O.BOX 3258
SARASOTA FL 33578

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 _____ DATE

Signature, type or printed name of the person signing and the capacity or relationship to the corporation

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	BEIL, LEO	
STREET ADDRESS	21 BEACON HILL	
CITY-ST-ZIP	GROSSE POINTE MI	
TITLE	D	☐ DELETE
NAME	TABACK, GARY	
STREET ADDRESS	2000 TOWN CENTER STE 900	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	SD	☐ DELETE
NAME	MUER, SUSAN	
STREET ADDRESS	45 BEACON HILL	
CITY-ST-ZIP	GROSS POINTE FARMS MI	
TITLE	VD	☐ DELETE
NAME	ZINGLE, ROGER	
STREET ADDRESS	2536 LINDENWOOD DR.	
CITY-ST-ZIP	WEXFORD PA	
TITLE	VD	☐ DELETE
NAME	RUDZINSKI, KAREN M.	
STREET ADDRESS	25603 SULLIVAN LANE	
CITY-ST-ZIP	NOVI MI	
TITLE	VPD	☐ DELETE
NAME	MUER, CHARLES A JR	
STREET ADDRESS	25895 CHIPPENDALE CT #D	
CITY-ST-ZIP	ROSEVILLE MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	DIRECTOR ONLY	☒ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	DIRECTOR ONLY	☒ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (12/95)

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)(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.

SIGNATURE: ⊗ _____ 313-965-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

ROGER ZINGLE