

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 # **847768** (9)
1. Corporation Name
OLDE DISCOUNT CORPORATION



Principal Place of Business
**751 GRISWOLD
ATTN: TAX DEPT
DETROIT MI 48226
US**

Mailing Address
**751 GRISWOLD
ATTN: TAX DEPT
DETROIT MI 48226
US**

3. Date Incorporated or Qualified **12/22/1980** 3a. Date of Last Report **04/04/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

4. FEI Number **38-1961943** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signatures, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Treasurer
NAME	OLDE, ERNEST J	1.2 NAME	Patrick Sutka
STREET ADDRESS	751 GRISWOLD	1.3 STREET ADDRESS	751 Griswold
CITY-ST-ZIP	DETROIT MI	1.4 CITY-ST-ZIP	Detroit, MI 48226
TITLE	S	2.1 TITLE	Director
NAME	FILDES, LISA S	2.2 NAME	Daniel S. Patterson
STREET ADDRESS	751 GRISWOLD	2.3 STREET ADDRESS	751 Griswold
CITY-ST-ZIP	DETROIT MI	2.4 CITY-ST-ZIP	Detroit, MI 48226
TITLE	PD	3.1 TITLE	Director
NAME	FREEMAN, JAMES S.	3.2 NAME	Michael S. Dzido
STREET ADDRESS	751 GRISWOLD	3.3 STREET ADDRESS	751 Griswold
CITY-ST-ZIP	DETROIT MI	3.4 CITY-ST-ZIP	Detroit, MI 48226
TITLE	CFOV	4.1 TITLE	
NAME	SUTTON, MACK H.	4.2 NAME	
STREET ADDRESS	751 GRISWOLD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MUDGE, RANDAL J.	5.2 NAME	
STREET ADDRESS	751 GRISWOLD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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:

Mack H. Sutton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mack H. Sutton

4/10/96
Date

(313)961-6666
Daytime Phone #

CR2E034 (12/95)