

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

CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Wanda B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **853947** (0)

1. Corporation Name
VPSI, INC.

400001772904
-04/03/96--01005--016
***200.00

Principal Place of Business
**12000 CHRYSLER DRIVE
HIGHLAND PARK MI 48288-8919**

MAILING ADDRESS
**12000 CHRYSLER DRIVE
HIGHLAND PARK MI 48288-8919**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **1220 RANKIN**
Street, Apt. #, etc.

2a. Mailing Address
26 **1220 RANKIN**
Street, Apt. #, etc.

22 **TROY, MI**
City & State
23 **48083**
Zip

27 **TROY, MI**
City & State
28 **48083**
Zip

25 **OAKLAND**
County

30 **OAKLAND**
County

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Organized **08/31/1982** 3a. Date of Last Report **05/01/1998**
4. FID Number **38-2179784** Applied Fee Not Applicant
5. Certificates of State 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. 199.009 Florida Statutes Yes No

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 607.22, 607.23, 607.24, 607.25, and 607.26, Florida Statutes, the above named corporation, subject to the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, is hereby authorized by the corporation's board of directors, through a vote of the appointment of a registered agent, to file this with, and accept the obligation of, the Florida Department of State.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

1. NAME	C
2. NAME	FRANSON, R.L.
3. STREET ADDRESS	12000 CHRYSLER DR.
4. CITY, ST, ZIP	HIGHLAND PK MI
5. TITLE	P
6. NAME	HENNING, R.J.
7. STREET ADDRESS	12000 CHRYSLER DR.
8. CITY, ST, ZIP	HIGHLAND PK MI
9. TITLE	CT
10. NAME	GRASSA, M.M.
11. STREET ADDRESS	12000 CHRYSLER DR.
12. CITY, ST, ZIP	HIGHLAND PK MI
13. TITLE	S
14. NAME	SHUMAKER-HOLLAND, J.B.
15. STREET ADDRESS	12000 CHRYSLER DR.
16. CITY, ST, ZIP	HIGHLAND PK MI
17. TITLE	V
18. NAME	STUART, A.R.
19. STREET ADDRESS	12000 CHRYSLER DR.
20. CITY, ST, ZIP	HIGHLAND PK MI
21. TITLE	AS
22. NAME	KOZLOWSKI, J.A.
23. STREET ADDRESS	12000 CHRYSLER DR.
24. CITY, ST, ZIP	HIGHLAND PK MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2. NAME	MILLER, S.		
3. STREET ADDRESS	125 BASIN STREET SUITE 210		
4. CITY, ST, ZIP	DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5. NAME	1220 RANKIN		
6. STREET ADDRESS	TROY, MI 48083	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
7. NAME	1220 RANKIN		
8. STREET ADDRESS	TROY, MI 48083	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
9. NAME	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
10. NAME	NORWALK, D.		
11. STREET ADDRESS	125 BASIN STREET SUITE 210		
12. CITY, ST, ZIP	DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
13. NAME	1220 RANKIN		
14. STREET ADDRESS	TROY, MI 48083	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
15. NAME	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
16. NAME	S.C. PEDERSON		
17. STREET ADDRESS	1220 RANKIN		
18. CITY, ST, ZIP	TROY, MI, 48083		

14. I, the undersigned, certify that the information supplied is a true and correct copy of the corporation's records and is correct for the corporation as stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this form is a true and correct copy of the corporation's annual report to the state and is correct for the corporation as stated in Section 119.07, Florida Statutes. I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report to the state.

SIGNATURE: *Mechelle Grassa*, Controller / *Juanquin 3/25/98* (810) 597-3804