


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 853947 (0)**

1. Corporation Name  
**VPSI, INC.**

Principal Place of Business <b>1220 RANKIN TROY MI 48083</b>	Mailing Address <b>1220 RANKIN TROY MI 48083</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/31/1982**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>38-2179784</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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23. Zip	28. Zip	29. Country	30. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent		
B1	Name			
B2	Street Address (P.O. Box Number is Not Acceptable)			
B3				
B4	City	<b>FL</b>	B5	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	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, S</b>	1.2 NAME	
STREET ADDRESS	<b>125 BASIN STREET SUITE 210</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENNING, R.J.</b>	2.2 NAME	
STREET ADDRESS	<b>1220 RANKIN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TROY MI</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRASSA, M.M.</b>	3.2 NAME	
STREET ADDRESS	<b>1220 RANKIN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TROY MI 48083</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORWALK, D</b>	4.2 NAME	
STREET ADDRESS	<b>125 BASIN STREET SUITE 210</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUART, A.R.</b>	5.2 NAME	
STREET ADDRESS	<b>1220 RANKIN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TROY MI 48083</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEDERSON, S C</b>	6.2 NAME	
STREET ADDRESS	<b>1220 RANKIN</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TROY MI 48083</b>	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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CP2E034 (10/97)