

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

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90066 034 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 853947

1. Corporation Name
VPSI, INC.



Principal Place of Business
1220 RANKIN TROY MI 48083

Mailing Address
1220 RANKIN TROY MI 48083

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/31/1982

4. FEI Number
38-2179784

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 owes the current year Intangible Personal Property Tax. Yes No

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

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

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 _____ 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	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, S	1.2 NAME	
STREET ADDRESS	125 BASIN STREET SUITE 210	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNING, R.J.	2.2 NAME	
STREET ADDRESS	1220 RANKIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRASSA, M.M.	3.2 NAME	
STREET ADDRESS	1220 RANKIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48083	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORWALK, D	4.2 NAME	CHAIRMAN
STREET ADDRESS	125 BASIN STREET SUITE 210	4.3 STREET ADDRESS	J. CONGDON
CITY-ST-ZIP	DAYTONA BEACH FL 32114	4.4 CITY-ST-ZIP	2445 DIRECTORS ROW, STE. K INDIANAPOLIS, IN 46241
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, A.R.	5.2 NAME	
STREET ADDRESS	1220 RANKIN	5.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48083	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDERSON, S C	6.2 NAME	
STREET ADDRESS	1220 RANKIN	6.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48083	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: *M. M. Grassa* SIGNATURE: *MICHELLE GRASSA* CONTROLLER/SECRETARY
 Date: **3/11/99** Daytime Phone #: **248-597-3504**

CR2E034 (1/198)