

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90072 030 ***150.00

DOCUMENT # 853947

1. Entity Name

VPSI, INC.

Principal Place of Business

Mailing Address

1220 RANKIN
TROY MI 48083

1220 RANKIN
TROY MI 48083-6004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-2179784**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, S	
STREET ADDRESS	125 BASIN STREET SUITE 210	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	P	<input type="checkbox"/> Delete
NAME	HENNING, R.J.	
STREET ADDRESS	1220 RANKIN	
CITY-ST-ZIP	TROY MI	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRASSA, M.M.	
STREET ADDRESS	1220 RANKIN	
CITY-ST-ZIP	TROY MI 48083	
TITLE	C	<input type="checkbox"/> Delete
NAME	CONGDON, J	
STREET ADDRESS	2445 DIRECTORS ROW, STE K	
CITY-ST-ZIP	INDIANAPOLIS IN 46241	
TITLE	V	<input type="checkbox"/> Delete
NAME	STUART, A.R.	
STREET ADDRESS	1220 RANKIN	
CITY-ST-ZIP	TROY MI 48083	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEDERSON, S C	
STREET ADDRESS	1220 RANKIN	
CITY-ST-ZIP	TROY MI 48083	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michelle Grassa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/28/00

Daytime Phone #

248-597-3500

CR2E034 (9/99)