


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 858039 1. Entity Name LAUTREC MANAGEMENT COMPANY |  |
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|--|--|
| Principal Place of Business 31550 NORTHWESTERN HWY #200 FARMINGTON HILLS, MI 48334 | Mailing Address 31550 NORTHWESTERN HWY #200 FARMINGTON HILLS, MI 48334 |
|--|--|

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 38-2098021 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PARTRICH, SPENCER M. 31550 NORTHWESTERN HWY FARMINGTON HILLS, MI |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHAPIRO, MICKEY 31550 NORTHWESTERN HWY FARMINGTON HILLS, MI |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P GALBRAITH, JAMES 31550 NORTHWESTERN HWY FARMINGTON HILLS, MI |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V THOMPSON, RALPH 31550 NORTHWESTERN HWY FARMINGTON HILLS, MI |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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04/19/04-80063-017 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X SPENCER M. PARTRICH, Director 4/6/04 851-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #