CR2E034 (4/02)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 30, 2002 8:00 am Secretary of State DOCUMENT # F01000005105 1. Entity Name 09-30-2002 90178 037 ***750.00 NORTH LAKELAND PROPERTIES, INC. Principal Place of Business Mailing Address 27600 NORTHWESTERN HIGHWAY, SUITE 200 27600 NORTHWESTERN HIGHWAY. SUITE 200 SOUTHFIELD MI 48034 SOUTHFIELD MI 48034 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-3623547 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 **\$5.00** May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE **X** Delete PRESIDENT NAME ZANTELLO, FREDERICK J ZANTELLO FREDERICK A. NAME STREET ADDRESS 27600 NORTHWESTERN HIGHWAY, SUITE 200 27600 NORTHWESTERN HIGHWAY, SVITE 200 STREET ADDRESS CITY-ST-ZIP SOUTHFIELD MI 48034 CITY-ST-ZIP SOUTHAELD. TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, RICHARD NAME STREET ADDRESS 27600 NORTHWESTERN HIGHWAY, SUITE 200 STREET ADDRESS CITY-ST-ZIP **SOUTHFIELD MI 48034** CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

SIGNATURE:

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