

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAY 31 AM 8:59**

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000004764 (6)**

1. Corporation Name

**TERMINAL SERVICE CO., OF WASHINGTON**

Principal Place of Business

Mailing Address

1450 W. LONG LAKE ROAD  
 TROY MI 48098

1450 W. LONG LAKE ROAD  
 TROY MI 48098

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/14/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

91-0847582

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, SERGE G  
 3600 S.W. 82ND AVENUE  
 MIAMI FL 33166

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JAMES B	1.2 NAME	
STREET ADDRESS	1450 W. LONG LAKE RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSTON, EDWIN A	2.2 NAME	
STREET ADDRESS	3600 N.W. 82ND AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	VAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, MICHAEL J	3.2 NAME	
STREET ADDRESS	1450 W. LONG LAKE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMAR, BRUCE R	4.2 NAME	
STREET ADDRESS	1450 W. LONG LAKE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, STEVEN C	5.2 NAME	ERIG J. McGRATH
STREET ADDRESS	1450 W. LONG LAKE ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTERBAUGH, RONALD L	6.2 NAME	
STREET ADDRESS	1450 W. LONG LAKE ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

*Michael J. Wagner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/95 (816) 952-2200  
 DATE (Typed Name)