

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90158 040 ***150.00

DOCUMENT # F95000001385



1. Entity Name
WILSON, KEMP & ASSOCIATES, INC.

Principal Place of Business
**400 RENAISSANCE CENTER, SUITE 2155
DETROIT MI 48243**

Mailing Address
**400 RENAISSANCE CENTER, SUITE 2155
DETROIT MI 48243**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 38-1878151		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
WILSON, THOMAS A CORPORATE OFFICES AT THE TOWERS 11300 U.S. HIGHWAY ONE-SUITE 400 NORTH PALM BEACH FL 33408				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, THOMAS A		NAME		
STREET ADDRESS	400 RENAISSANCE CNETER, SUITE 2155		STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48243		CITY-ST-ZIP		
TITLE	PS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, ROBERT D JR.		NAME		
STREET ADDRESS	400 RENAISSANCE CNETER, SUITE 2155		STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48243		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUZENS, FRANK		NAME		
STREET ADDRESS	400 RENAISSANCE CNETER, SUITE 2155		STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48243		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESHELMAN, GEORGE C		NAME		
STREET ADDRESS	400 RENAISSANCE CNETER, SUITE 2155		STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48243		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, E. MARK III		NAME		
STREET ADDRESS	400 RENAISSANCE CNETER, SUITE 2155		STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48243		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, DAVID B		NAME		
STREET ADDRESS	400 RENAISSANCE CTR #2155		STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48243		CITY-ST-ZIP		

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: _____ **SIGNATURE REQUIRED** Robert D. Kemp, Jr. 1-29-03
(313) 259-6210

CR2E034 (10/02)