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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000003623 (3)

1. Corporation Name
MICHIGAN LECO CORPORATION

Principal Place of Business

3000 LAKEVIEW AVE.
ST. JOSEPH MI 49085

Mailing Address

3000 LAKEVIEW AVE.
ST. JOSEPH MI 49085-2319



3. Date Incorporated or Qualified

07/18/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 3000 LAKEVIEW AVENUE

Suite, Apt. #, etc.

22

City & State

23 ST. JOSEPH, MICHIGAN

24

Zip

49085

Country

25 USA

2a. Mailing Address

26 3000 LAKEVIEW AVENUE

Suite, Apt. #, etc.

27

City & State

28 ST. JOSEPH, MICHIGAN

29

Zip

49085

Country

30 USA

4. FEI Number

38-0738518

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WARREN, ROBERT J
STREET ADDRESS 3000 LAKEVIEW AVE.
CITY-ST-ZIP ST. JOSEPH MI 49085

TITLE EV ☐ DELETE

NAME WARREN, ELIZABETH S
STREET ADDRESS 3000 LAKEVIEW AVE.
CITY-ST-ZIP ST. JOSEPH MI 49085

TITLE VS ☐ DELETE

NAME DELONG, ROBERT S
STREET ADDRESS 3000 LAKEVIEW AVE.
CITY-ST-ZIP ST. JOSEPH MI 49085

TITLE T ☐ DELETE

NAME WARREN, ELIZABETH S
STREET ADDRESS 3000 LAKEVIEW AVE.
CITY-ST-ZIP ST. JOSEPH MI 49085

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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, for an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT S. DELONG, Vice President

Date

1/24/97

Daytime Phone #

(616) 992-2222

CR2E034 (9/96)