

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004678 (6)

1. Corporation Name
KSI PROPERTIES, INC.



Principal Place of Business 999 WEST BIG BEAVER ROAD, SUITE 601 TROY MI 48084	Mailing Address 999 WEST BIG BEAVER ROAD, SUITE 601 TROY MI 48084-4716
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	3. Date Incorporated or Qualified 09/11/1996	3a. Date of Last Report
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4. FEI Number 38-2964567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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 _____ DATE _____
Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADDERLEY, TERENCE E		1.2 NAME	
STREET ADDRESS 999 WEST BIG BEAVER ROAD, SUITE 601		1.3 STREET ADDRESS	
CITY-ST-ZIP TROY MI 48084		1.4 CITY-ST-ZIP	
TITLE DCFO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEIGER, PAUL		2.2 NAME	
STREET ADDRESS 999 WEST BIG BEAVER ROAD, SUITE 601		2.3 STREET ADDRESS	
CITY-ST-ZIP TROY MI 48084		2.4 CITY-ST-ZIP	
TITLE GCSV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARTWIG, EUGENE L		3.2 NAME	
STREET ADDRESS 999 WEST BIG BEAVER ROAD, SUITE 601		3.3 STREET ADDRESS	
CITY-ST-ZIP TROY MI 48084		3.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARRANCO, ROBERT G		4.2 NAME	
STREET ADDRESS 999 WEST BIG BEAVER ROAD, SUITE 601		4.3 STREET ADDRESS	
CITY-ST-ZIP TROY MI 48084		4.4 CITY-ST-ZIP	
TITLE VAS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCLAUGHLIN, CHARLES M		5.2 NAME	
STREET ADDRESS 999 WEST BIG BEAVER ROAD, SUITE 601		5.3 STREET ADDRESS	
CITY-ST-ZIP TROY MI 48084		5.4 CITY-ST-ZIP	
TITLE VF	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WIDGREN, RICHARD R		6.2 NAME	
STREET ADDRESS 999 WEST BIG BEAVER ROAD, SUITE 601		6.3 STREET ADDRESS	
CITY-ST-ZIP TROY MI 48084		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, or on an attachment with an address.

SIGNATURE: *R Widgren* Vice President, Finance 4/7/97 (810) 244-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)