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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000004678 (6)

KSI PROPERTIES, INC.

## **FILED** Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address	
999 WEST BIG BEAVER ROAD. SUITE 601 999 WEST BIG BEAVER ROAD. SUITE 601 TROY MI 48064 TROY MI 48084	
	RITE IN THIS SPACE
3. Date incorporated or Qualifi  09/11/1996	ed
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
26 38-2964567	Not Applicable
Suite Apt # etc Suite Apt # etc	60.75
5. Certificate of Status Desired	Fee Required
City & State City & State 6. Election Campaign Financin	<b>\$5.00</b> May Be
28 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has	paid the current year Intangible
<b>24 25 29 30</b> Personal Property Tax due J	une 30. 🕱 Yes 🗌 No
Name and Address of Current Registered Agent     10. Name and Address of New	Registered Agent
C T CORPORATION SYSTEM 81 Name	
1200 SOUTH PINE ISLAND ROAD  82 Street Address (P.O. Box Number is Not Acce	ntable)
PLANTATION FL 33324	Stable)
83	
	lant 7:- Cod-
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	ne purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby acagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	cept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)	DATE
The state of the s	FICERS AND DIRECTORS IN 12
TITLE CP DELETE 1.1 YITLE	☐ Change ☐ Addition
NAME ADDERLEY, TERENCE E 1.2 NAME	
SIREET 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 DELETE 21 TITLE	L. Change L. Addition
NAME GEGER, PAUL 22 NAME	·
STREET ADDRESS 999 WEST BIG BEAVER ROAD, SUITE 601 23 STREET ADDRESS	
CITY-ST-ZIP TROY MI 48084 2.4 CITY-ST-ZIP	
TITLE GCSV DELETE 3.1 TITLE	Change Addition
NAME HARTWIG, EUGENE L 3.2 NAME	İ
STREET ADDRESS 999 WEST BIG BEAVER ROAD, SUITE 601 3.3 STREET ADDRESS	J
CITY-S1-ZIP TROY MI 48084 3.4. CITY-S1-ZIP	
TITLE V X DELETE 4.1 TITLE	Change 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	
THLE VAS DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME MCLAUGHLIN, CHARLES M 5.2 NAME	1
STREET ADDRESS 999 WEST BIG BEAVER ROAD, SUITE 601 5.3 STREET ADDRESS	,
STREET ADDRESS 499 WEST BIG DEAVER HUAD, SUITE BUT 5.3 STREET ADDRESS	
TOOV BM 46064	
TOOV BM 46064	☐ Change ☐ Addition
CITY-ST-ZIP TROY MI 48084 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP TITLE  TROY MI 48084  5.4 CITY-ST-ZIP DELETE 6.1 TITLE	☐ Change ☐ Addition

14. 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 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 chapted, or on an attachment with an address.

Vice President, Finance

4/8/98

(248) 244-4277