


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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90119 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004678

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1996	
21		26		4. FEI Number 38-2964567	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	Country	29. Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	SVP, <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADDERLEY, TERENCE E	1.2 NAME	George M. Reardon
STREET ADDRESS	999 WEST BIG BEAVER ROAD, SUITE 601	1.3 STREET ADDRESS	2474 JOHN R #101
CITY-ST-ZIP	TROY MI 48084	1.4 CITY-ST-ZIP	TROY, MI 48083
TITLE	DCFO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEIGER, PAUL	2.2 NAME	GREGORY C. MORROW
STREET ADDRESS	999 WEST BIG BEAVER ROAD, SUITE 601	2.3 STREET ADDRESS	4612 MILL POND
CITY-ST-ZIP	TROY MI 48084	2.4 CITY-ST-ZIP	TROY MI 48078
TITLE	GCSV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SUPV. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTWIG, EUGENE L	3.2 NAME	WILLIAM K. GERBER
STREET ADDRESS	999 WEST BIG BEAVER ROAD, SUITE 601	3.3 STREET ADDRESS	519 HARMON AVE.
CITY-ST-ZIP	TROY MI 48084	3.4 CITY-ST-ZIP	BIRMINGHAM, MI 48009
TITLE	VAS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MCLAUGHLIN, CHARLES M	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	VF <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	WIDGREN, RICHARD R	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	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. [Signature] **SIGNATURE REQUIRED** President 04/09/99 (248) 244-4277
 FINANCE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

526387

CR2E034 (1/98)