

FILE NOW: FILING FEE AFT⁷ MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 2000



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

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90018 042 ***150.00

DOCUMENT # **F96000004678**

Corporation Name
KSI PROPERTIES, INC.



Principal Place of Business: 999 WEST BIG BEAVER ROAD, SUITE 601 TROY MI 48064
Mailing Address: 999 WEST BIG BEAVER ROAD, SUITE 601 TROY MI 48064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/11/1996

Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		38-2964567		<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
<input type="checkbox"/> 25		<input type="checkbox"/> 29		<input type="checkbox"/> Yes <input checked="" 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

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 <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	
NAME	1.2 NAME	1.2 NAME	
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	
NAME	2.2 NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 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)(c), 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: S. Monow Vice President, Finance 4/13/00 (248) 244-4277
SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date State Phone # 0501362

Kelly Properties, Inc.
List of Officers and Directors

Name	Title	Officer	Director	Address
Terence E. Adderley	Chairman of the Board and President	X	X	999 West Big Beaver Road Troy, MI 48084
Carl T. Camden	Executive Vice President	X	X	999 West Big Beaver Road Troy, MI 48084
Tommi A. White	Executive Vice President	X	X	999 West Big Beaver Road Troy, MI 48084
William K. Gerber	Senior Vice President, Chief Financial Officer and Controller-Treasurer	X	X	999 West Big Beaver Road Troy, MI 48084
George M. Reardon	Senior Vice President, General Counsel and Secretary	X	X	999 West Big Beaver Road Troy, MI 48084
Charles M. McLaughlin	Vice President, Assistant General Counsel and Assistant Secretary	X		999 West Big Beaver Road Troy, MI 48084
Janice G. Rushton	Assistant Secretary	X		999 West Big Beaver Road Troy, MI 48084
Gregory C. Morrow	Vice President, Finance	X		999 West Big Beaver Road Troy, MI 48084
Richard R. Widgren	Vice President, Finance	X		999 West Big Beaver Road Troy, MI 48084

*Attach
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