


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90409 038 ***150.00

DOCUMENT # F9700002983	
1. Entity Name J & L AMERICA, INC.	

Principal Place of Business 31800 INDUSTRIAL RD. LIVONIA EXECUTIVE PK LIVONIA, MI 48150	Mailing Address 31800 INDUSTRIAL RD. LIVONIA EXECUTIVE PK LIVONIA, MI 48150
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43010000



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2341391	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESSNER, MICHAEL P 31800 INDUSTRIAL RD LIVONIA, MI 48151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRISON, JAMES E 1600 TECHNOLOGY WAY, P.O. BOX 231 LATROBE, PA 156500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KELLY, BRIAN 1600 TECHNOLOGY WAY, P.O. BOX 231 LATROBE, PA 156500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GREENFIELD, DAVID W 1600 TECHNOLOGY WAY, P.O. BOX 231 LATROBE, PA 156500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NOWE, KEVIN G 1600 TECHNOLOGY WAY, P.O. BOX 231 LATROBE, PA 156500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT DARIN, NICKOLAS 31800 INDUSTRIAL RD LIVONIA, MI 48151

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian Kelly* 4-27-05 724-531-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #