2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #

FILED Jun 06, 2002 8:00 am Secretary of State

06-06-2002 90086 005 ***150.00

1. Entity Name LASON SYSTEMS, INC. Principal Place of Business Mailing Address 117202 1305 STEPHENSON HIGHWAY 1305 STEPHENSON HIGHWAY **TROY MI 48083** TROY MI 48083 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-3384800 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zio Code FL 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. 艾特拉 机工作 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Ba Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE (9/01) Delete TITLE Change Addition MAME BAKER, RANDY NAME STREET ADDRESS 1305 STEPHENSON HIGHWAY STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TROY MI 48083 TITLE ☐ Delete TITLE ☐ Addition NAME NAME NESBITT, ALLEN STREET ADDRESS 1305 STEPHENSON HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TROY MI 48083 TITLE ☐ Delete SCHB S/D **Change** ☐ Addition NAMÉ BROOKS, WILLIAM NAME STREET ADDRESS STREET ADDRESS 1305 STEPHENSON HWY CITY-ST-ZIP CITY-ST-ZIE TROY MI 48083 TITLE DCFO ☐ Delete TITI F Change ☐ Addition NAME NAME RISHER, RONALD STREET ADDRESS 1305 STEPHENSON HIGHWAY STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TROY MI 48083 BILE ☐ Delete TITLE ☐ Change ■ Addition NAME EBELING, THOMAS M NAME STREET ADDRESS 1305 STEPHENSON HIGHWAY STREET ADDRESS City-St-7IP TROY MI 48083 CITY_ST_719 TITLE **Oelete** as TITLE ☐ Change ☐ Addition NAME DEITCH, LAURENCE B NAME STREET ADDRESS 2000 TOWN CENTER SUITE 1500 STREET ADDRESS CITY-ST-ZIP **SOUTHFIELD MI 48075** CITY-ST-ZIP 13. Thereby 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 11 or Block 12 if

changed, or on an attag

SIGNATURE AND TYPED OR P