


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000000075

1. Entity Name
LASON SYSTEMS, INC.



Principal Place of Business Mailing Address

1305 STEPHENSON HIGHWAY **1305 STEPHENSON HIGHWAY**
TROY, MI 48083 **TROY, MI 48083**

DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3384800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

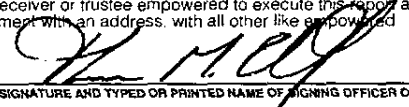
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 04/23/04-80072-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NAFTALY, ROBERT
STREET ADDRESS	1305 STEPHENSON HIGHWAY
CITY-ST-ZIP	TROY, MI 48083
TITLE	S
NAME	KEARNEY, DOUGLAS
STREET ADDRESS	1305 STEPHENSON HWY
CITY-ST-ZIP	TROY, MI 48083
TITLE	PD
NAME	RISHER, RONALD
STREET ADDRESS	1305 STEPHENSON HIGHWAY
CITY-ST-ZIP	TROY, MI 48083
TITLE	T
NAME	EBELING, THOMAS M
STREET ADDRESS	1305 STEPHENSON HIGHWAY
CITY-ST-ZIP	TROY, MI 48083
TITLE	D
NAME	WILLIAMS, DAVID
STREET ADDRESS	1305 STEPHENSON HWY
CITY-ST-ZIP	TROY, MI 48083
TITLE	D
NAME	DEGOURSE, GARY
STREET ADDRESS	1305 STEPHENSON HWY
CITY-ST-ZIP	TROY, MI 48083?

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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:  Date: **4/19/04** Daytime Phone #: **248-837-7400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #