

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90013 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000007004 ✓
 1. Corporation Name
WAM Holdings, Inc.
500 Woodward Avenue
Detroit, Michigan 48226

Principal Place of Business Mailing Address
500 Woodward Avenue **500 Woodward Avenue**
Detroit, Michigan 48226 **Detroit, Michigan 48226**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
December 4, 1998

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 **c/o Cheryl Sudney**
 22 City & State 27 **P.O. Box 75000**
 23 Zip Country 28 **Detroit, Michigan**
 24 25 29 **48275-3391** 30 **U.S.A.**

4. FEI Number **38-3150616** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CT Corporation System
1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director & Chairman <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen G. Hawkins	1.2 NAME	
STREET ADDRESS	500 Woodward	1.3 STREET ADDRESS	
CITY-ST-ZIP	Detroit, MI 48275-3460	1.4 CITY-ST-ZIP	
TITLE	Director & President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George C. Eshelman	2.2 NAME	
STREET ADDRESS	500 Woodward	2.3 STREET ADDRESS	
CITY-ST-ZIP	Detroit, MI 48275-3367	2.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John D. Lewis	3.2 NAME	
STREET ADDRESS	500 Woodward	3.3 STREET ADDRESS	
CITY-ST-ZIP	Detroit, MI 48275-3384	3.4 CITY-ST-ZIP	
TITLE	Secretary, Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Managing Director	4.2 NAME	
STREET ADDRESS	Eric C. Oppenheim	4.3 STREET ADDRESS	
CITY-ST-ZIP	500 Woodward, Detroit, MI 48275-3294	4.4 CITY-ST-ZIP	
TITLE	Assistant Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gloria G. Freud	5.2 NAME	
STREET ADDRESS	500 Woodward	5.3 STREET ADDRESS	
CITY-ST-ZIP	Detroit, MI 48275-3391	5.4 CITY-ST-ZIP	
TITLE	Director of Administrative and Strategic Projects <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS	500 Woodward	6.3 STREET ADDRESS	
CITY-ST-ZIP	Detroit, MI 48275-3294	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:  **Gloria G. Freud** April 28, 1999 (313) 222-7525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)