

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P14817 (1)**

1. Corporation Name  
**CHAMPION HOME BUILDERS CO.**



Principal Place of Business <b>SUITE 300, 2701 UNIVERSITY DRIVE                  AUBURN HILLS MI 48326</b>	Mailing Address <b>SUITE 300, 2701 UNIVERSITY DRIVE                  AUBURN HILLS MI 48326-2566</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/12/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>38-2744984</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOT: Registered Agent's signature required when remaining) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PARRISH, THOMAS G.	
STREET ADDRESS	STE 300, 2701 UNIVERSITY DRIVE	
CITY-ST-ZIP	AUBURN HILLS MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BALUS, LOUIS M.	
STREET ADDRESS	#300, 2701 UNIVERSITY DR	
CITY-ST-ZIP	AUBURN HILLS MI	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DOUT, JACQUELINE A	
STREET ADDRESS	#300, 2701 UNIVERSITY DR	
CITY-ST-ZIP	AUBURN HILLS MI	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	YOUNG JR., WALTER R.	
STREET ADDRESS	#300, 2701 UNIVERSITY DR	
CITY-ST-ZIP	AUBURN HILLS MI	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BAUMAN, COLLEEN T	
STREET ADDRESS	#300, 2701 UNIVERSITY DR	
CITY-ST-ZIP	AUBURN HILLS MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Walter R. Young, Jr	
1.3 STREET ADDRESS	Ste 300, 2701 University Drive	
1.4 CITY-ST-ZIP	Auburn Hills, MI	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *For me Balus*

4-25-97 (810) 340-9090

CR2E034 (9/96)