

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05 1997 8:00am
Secretary of State

DOCUMENT # P28388

(7)

1. Corporation Name
HOLNAM INC.



Principal Place of Business

6211 N. ANN ARBOR RD.
P.O. BOX 122
DUNDEE MI 48131

Mailing Address

6211 N. ANN ARBOR RD.
P.O. BOX 122
DUNDEE MI 48131-0122

3. Date Incorporated or Qualified

03/06/1990

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	AMSTUTZ, MAX D.	
STREET ADDRESS	6211 N ANN ARBOR RD	
CITY - ST - ZIP	DUNDEE MI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YHOUSE, PAUL	
STREET ADDRESS	6211 N ANN ARBOR RD	
CITY - ST - ZIP	DUNDEE MI	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MOIR, ROBERT J.	
STREET ADDRESS	6211 N ANN ARBOR RD.	
CITY - ST - ZIP	DENVER CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BICKS, ROBERT F.	
STREET ADDRESS	6211 N ANN ARBOR RD	
CITY - ST - ZIP	DUNDEE MI	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BYLAND, PETER	
STREET ADDRESS	ZURCHERSTRASSE 170	
CITY - ST - ZIP	JONA, SWITZERLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHRAFL, ANTON E.	
STREET ADDRESS	TALSTRASSE 83	
CITY - ST - ZIP	ZURICH, SWITZERLAND	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	See Attached
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kent D. Jensen, Treasurer - VP Tax

Date

(313) 529-2411

Daytime Phone #

0480168

CR2E034 (9/96)