

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/06/1990

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		38-2943735		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		29		30			
Zip		Country		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 AMSTUTZ, MAX D.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6211 N ANN ARBOR RD	1.2 NAME	
STREET ADDRESS	DUNDEE MI	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	See attached
TITLE	PD YHOUSE, PAUL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6211 N ANN ARBOR RD	2.2 NAME	
STREET ADDRESS	DUNDEE MI	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VS MOIR, ROBERT J.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6211 N ANN ARBOR RD.	3.2 NAME	
STREET ADDRESS	DENVER CO	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BICKS, ROBERT F.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6211 N ANN ARBOR RD	4.2 NAME	
STREET ADDRESS	DUNDEE MI	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CD BYLAND, PETER	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZURCHERSTRASSE 170	5.2 NAME	
STREET ADDRESS	JONA, SWITZERLAND	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SCHRAFL, ANTON E.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALSTRASSE 83	6.2 NAME	
STREET ADDRESS	ZURICH, SWITZERLAND	6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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]*

(730) 518-2000

CR2E034 (10/97)