

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P17470** (6)

1. Corporation Name

**OMNIGRAPHICS, INC. OF MICHIGAN**



Principal Place of Business

**2500 PENOBSCOT BUILDING  
DETROIT MI 48226**

Mailing Address

**2500 PENOBSCOT BUILDING  
DETROIT MI 48226**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**12/31/1987**

3a. Date of Last Report

**04/11/1995**

4. FEI Number

**38-2606191**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 of the person authorized to sign this report (the registered agent or the corporation's board of directors)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>RUFFNER, FREDERICK G. JR</b>	
STREET ADDRESS	<b>2500 PENOBSCOT BUILDING</b>	
CITY-ST-ZIP	<b>DETROIT MI</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>SELLGREN, JAMES A.</b>	
STREET ADDRESS	<b>2500 PENOBSCOT BLDG</b>	
CITY-ST-ZIP	<b>DETROIT MI</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>RUFFNER, PETER E.</b>	
STREET ADDRESS	<b>2500 PENOBSCOT BLDG</b>	
CITY-ST-ZIP	<b>DETROIT MI</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>STEELE, JANE</b>	
STREET ADDRESS	<b>2500 PENOBSCOT BUILDING</b>	
CITY-ST-ZIP	<b>DETROIT MI</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRIS, LAURIE</b>	
STREET ADDRESS	<b>2500 PENOBSCOT BUILDING</b>	
CITY-ST-ZIP	<b>DETROIT MI 48226</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4-30-96

313-961-1340  
X 504

CR2E034 (12/95)