SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F95000002202 (8)

1. Corporation Name
DECISION CONSULTANTS, INC.

Principal Place of Business	Mailing Address
28411 N.W. HIGHWAY SUITE 1250 SOUTHFIELD MI 48034	28411 N.W. HIGHWAY SUITE 1250 SOUTHFIELD MI 48034

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 28411 NORTHWESTERN HIGHWAY	2a. Mailing Address 26 28411 NORTHWESTERN HIGHWAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SOUTHFIELD, MI	City & State 28 SOUTHFIELD, MI
Zip / Country 24 48034 / 25 USA	Zip / Country 29 48034 / 30 USA

3. Date Incorporated or Qualified 05/04/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 38-2109618	☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH 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

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	PDST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KRASULA, JOHN A		1.2 NAME		
STREET ADDRESS	28411 NORTHWESTERN HWY. STE 750		1.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD MI		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KRASULA, JEFFREY K		2.2 NAME		
STREET ADDRESS	28411 N.W. HWY, STE 1250		2.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD MI		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	CHASE, JEFFREY		3.2 NAME	CHASE, JEFFREY	
STREET ADDRESS	32969 HAMILTON ST.		3.3 STREET ADDRESS	32969 HAMILTON CT.	
CITY-ST-ZIP	FARMINGTON HILLS MI		3.4 CITY-ST-ZIP	FARMINGTON HILLS, MI 48334	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (4/97)

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: _____ 7/28/97