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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P17470 OMNIGRAPHICS, INC. OF MICHIGAN

(6)

FILED Mar 31 1998 8:00am Secretary of State

						EUL BURKE BYBEL BYBEL BYBEL BEBUE 1881; 1881;
Principal Plac	e of Business	Mailing Address			I MARIANT IN HOLI INTO A MAIN AND IN	ert mente mintt nemte nintt minte inne.
2500 PENOBS DETROIT MI	SCOT BUILDING 48226	2500 PENOBSCOT BUILDING DETROIT MI 48226				
estilen mi	TOPRY			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified	
					12/31/1987	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			38-2606191	Not Applicable
Suite, Apt.	#. elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City P. Stote				Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	28	Count	0/		
24 24	— ·	} - ¬ `	\vdash	' y	 This corporation owes or has paid the Personal Property Tax due June 30. 	ne current year Intangible
47	9. Name and Address of Current	29 Registered Agent	30		10. Name and Address of New Regist	
CT.	CORPORATION SYSTEM		e	1 Name	At trains and control of 1104 (108)	
	00 S. PINE ISLAND ROAD		L			
PLANTATION FL 33324			18	82 Street Address (P.O. Box Number is Not Acceptable)		
70	MITATION (E 00027		ē	3		
			Ľ			
			8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statut	es the ebo	ve-named co	orporation submits this statement for the purp	ose of changing its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	I Florida Such change was a lons of Section 607,0505. Fix	authorized orida Statut	by the corpores.	ration's board of directors. I hereby accept the	e appointment as registered
SIGNATURE	,	,				
	Signature, typed or printed name of registered agent		 _	gent signature re-		PATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	
TOTLE	PT	☐ DELETE	1.1 TATLE			Change Addition
NAME	RUFFNER, FREDERICK G. JR		1.2 NAM			
STREET ADDRESS	2500 PENOBSCOT BUILDING		1.3 STRE	ET ADDRESS		•
CITY-ST-ZIP	DETROIT MI		1.4 CITY			
TITLE	VS	☐ DELETE	21 TITLE	l l		Change Addition
NAME	SELLGREN, JAMES A.		2.2 NAM	1		
STREET ADDRESS	2500 PENOBSCOT BLDG		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	DETROIT MI		2. 4 CITY			
TITLE	V	☐ DELETE	3.1 TITLE			Change Addition
NAME	RUFFNER, PETER E.		3.2 NAM	E .		
STREET ADDRESS	2500 PENOBSCOT BLDG		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	DETROIT MI		3.4. CITY	-ST-ZIP		- · · · · · · · · · · · · · · · · · · ·
TITLE	V	☐ DELETE	4.1 TITLE			Change Addition
NAME	HARRIS, LAURIE		4. 2 NAW	E		
STREET ADDRESS	2500 PENOBSCOT BUILDING		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48226		4.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM	£		
STREET ADDRESS			53 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAM	:		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY			

14. I 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 roport 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:

313-961-1340