

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2001 8:00 am**
Secretary of State

03-07-2001 90003 005 ***150.00

628878



DO NOT WRITE IN THIS SPACE

DOCUMENT # P17470			
1. Entity Name OMNIGRAPHICS, INC. OF MICHIGAN			
Principal Place of Business 615 GRISWOLD 1400 DETROIT MI 48226		Mailing Address 615 GRISWOLD 1400 DETROIT MI 48226	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 38-2606191		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	PT	<input type="checkbox"/> Delete	
NAME	RUFFNER, FREDERICK G. JR		
STREET ADDRESS	2500 PENOBSCOT BUILDING 615 GRISWOLD		
CITY-ST-ZIP	DETROIT MI 48226		
TITLE	V	<input type="checkbox"/> Delete	
NAME	BARBOUR, MATTHEW		
STREET ADDRESS	2500 PENOBSCOT BLDG 615 GRISWOLD		
CITY-ST-ZIP	DETROIT MI 48226		
TITLE	V	<input type="checkbox"/> Delete	
NAME	GILL, KAY		
STREET ADDRESS	2500 PENOBSCOT BLDG 615 GRISWOLD		
CITY-ST-ZIP	DETROIT MI 48226		
TITLE	V	<input checked="" type="checkbox"/> Delete	
NAME	LIZARDI, MARK		
STREET ADDRESS	2500 PENOBSCOT BUILDING		
CITY-ST-ZIP	DETROIT MI 48226		
TITLE	VS	<input checked="" type="checkbox"/> Delete	
NAME	MURPHY, THOMAS J		
STREET ADDRESS	2500 PENOBSCOT BUILDING		
CITY-ST-ZIP	DETROIT MI 48226		
TITLE	VS	<input type="checkbox"/> Delete	
NAME	RUFFNER, PETER		
STREET ADDRESS	615 GRISWOLD		
CITY-ST-ZIP	DETROIT MI 48226		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ PETER RUFFNER 1-30-01 313-961-1340 518			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/00)