

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 851503

1. Entity Name
AMURCON CORPORATION



Principal Place of Business
**30215 SOUTHFIELD ROAD
SUITE 200
SOUTHFIELD, MI 48076-1361**

Mailing Address
**30215 SOUTHFIELD ROAD
SUITE 200
SOUTHFIELD, MI 48076-1361**



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-1947258

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, WILLIE M
4854 FISHERMAN'S DRIVE
COCONUT CREEK, FL 33063**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	ERB, FRED
STREET ADDRESS	649 EDGEMERE CT
CITY - ST - ZIP	BLOOMFIELD HILLS, MI 48304
TITLE	VC
NAME	SILVERMAN, GILBERT
STREET ADDRESS	32100 TELEGRAPH
CITY - ST - ZIP	BINGHAM FARMS, MI 48025
TITLE	P
NAME	MANKO, GERALD
STREET ADDRESS	820 JONATHAN LANE
CITY - ST - ZIP	BLOOMFIELD HILLS, MI 48302
TITLE	VT
NAME	MARTIN, WILLIE M
STREET ADDRESS	29559 MEADOWLANE
CITY - ST - ZIP	SOUTHFIELD, MI 48076
TITLE	V
NAME	MORRIS, KATHRYN J
STREET ADDRESS	41570 CORNELL
CITY - ST - ZIP	NOVI, MI 48377
TITLE	V
NAME	CATRINAR, LAWRENCE J
STREET ADDRESS	1241 HAMPSHIRE
CITY - ST - ZIP	CANTON, MI 48188

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04/12/04-80086-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-04

Date

248-046-0202, X-226

Daytime Phone #